2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22363

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90105 024 ***150.00

1. Entity Name

INVESCO CAPITAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
PEACHTREE ST. N.E. GA 30309	1315 PEACHTREE ST. N.E. ATLANTA GA 30309-3503

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-1707262 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MITHCELL, EDWARD C JR. 1315 PEACHTREE ST., N.E. ATLANTA GA ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, President, Director A.D. Frazier 1315 Peachtree St., N.E. Atlanta, GA 30309 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BISHOP, FRANK M 1315 PEACHTREE ST NE ATLANTA GA ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President Samuel T. DeKinder 1315 Peachtree St., N.E. Atlanta, GA 30309 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARTLEY, DAVID A 1315 PEACHTREE ST, NE ATLANTA GA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, Treasurer, Director ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SKAGGS, JULIE A ESQ 1315 PEACK ST, NE ATLANTA GA ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael C. Hanley 1315 Peachtree St., N.E. Atlanta, GA 30309 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGUILAR, LUIS A 1315 PEACHTREE ST NE ATLANTA GA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec VP, Secretary, Director ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Scott Richter 1315 Peachtree St., N.E. Atlanta, GA 30309 ☐ Change ☒ Addition

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Luis Aguilar — Luis A. Aguilar — April 11, 2000 — (404) 892-0896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #