2001 UNIFORM BUSINESS REPORT (UBR) Mar 12, 2001 8:00 am **DOCUMENT # P26536 Secretary of State** ALEXANDER ELECTRIC COMPANY 03-12-2001 90443 008 ***150.00 Principal Place of Business Mailing Address 1411 BELFAST AVENUE 1411 BELFAST AVENUE COLUMBUS GA 31904 COLUMBUS GA 31904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 58-1152393 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALEXANDER, JAMES R Street Address (P.O., Box Number is Not Acceptable) ____ 1472 S GULF BEACH DR ST GEORGE ISLAND FL 32328 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete Change Addition ;R2E034 (10/00) TITLE TITLE ALEXANDER, JAMES R. NAME NAME STREET ADDRESS STREET ADDRESS 1411 BELFEST AVE CITY-ST-ZIP CITY-ST-7IP COLUMBUS GA 31904 ☐ Delete Change □ Addition TITLE TITLE FAULK, KENNETH W. NAME NAME STREET ADDRESS STREET ADDRESS 1347 BLANCHFIELD DRIVE CITY-ST-ZIP CITY-ST-ZIP **COLUMBUS GA** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME --- -ALEXANDER, CINDY L. NAME-STREET ADDRESS STREET ADDRESS 643 DOUBLE CHURCHES ROAD CITY-ST-ZIP CITY-ST-ZJP COLUMBUS GA TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME

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 agnature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute all sequences 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 or block 12 if the corporation of the corporation of the corporation of the receiver of the corporation of the cor

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3110101