2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **P33259** 1. Entity Name MALER CONSTRUCTION ASSOCIATES, INC. 03-20-2000 90096 018 ***150.00 Principal Place of Business Mailing Address 299 SOUTH WALNUT BEND 299 SOUTH WALNUT BEND **SUITE #101** STE 101 MEMPHIS TN 38018 MEMPHIS TN 38018-7281 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 62-1446737 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MALER, GEORGE Street Address (P.O. Box Number is Not Acceptable) 195 WESTWOOD CIRCLE EAST WEST PALM BEACH FL 33411 Jellington 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. DATE 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 12 11. ■ Addition TITLE ☐ Change TITLE ☐ Delete MALER, ROGER J. NAME NAME STREET ADDRESS STREET ADDRESS 1042 HUMPHREY OAKS CR CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38120 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GILLULY, GREG NAME NAME STREET ADDRESS STREET ADDRESS 595 SANGA CIRCLE CITY-ST-ZIP CITY-ST-ZIP CORDOVA TN 38018 ☐ Addition Change TITI F ☐ Delete TITLE MALER, TRACIE NAMÉ NAME STREET ADDRESS 1042 HUMPHREY OAKS CR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38120 ☐ Delete ☐ Change ☐ Addition TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ment with an address, with all other like empowered changed, or on an attack

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maler