FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 09, 2002 8:00 am Secretary of State DOCUMENT # P34182 1. Entity Name HARDON PETROLEUM COMPANY 05-09-2002 90089 001 ***150.00 Principal Place of Business Mailing Address 1465 NORTHSIDE DRIVE P.O. BOX 91376 NORTHSIDE SUMMIT #112 ATLANTA GA 30364-1355 ATLANTA GA 30318 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State . 4. FEI Number Applied For 58-1578415 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, JAMES Street Address (P.O. Box Number is Not Acceptable) 825 SOUTH VIRGINIA STREET QUINCY FL 32351 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. 7. 19.17 St 12.213 SIGNATURE VILL 123 Stortature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State metal a way E Ling 智利性 (NOFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CŘ2E034 (9/01) Change Addition HARDON, RICHARD NAME NAME STREET ADDRESS 3008 GREEN VALLEY DRIVE STREET ADDRESS CITY-ST-ZIP EAST POINT GA 30344 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME HARDON, BERDIE, R. NAME STREET ADDRESS 3008 GREEN VALLEY DRIVE STREET ADDRESS CITY-ST-ZIP **EAST POINT GA 30344** CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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: