2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P35226** Feb 29, 2000 8:00 am **Secretary of State** RANK AMERICA INC. 02-29-2000 90139 010 ***150.00 Mailing Address Principal Place of Business FIVE CONCOURSE PARKWAY FIVE CONCOURSE PARKWAY SUITE 2400 SUITE 2400 ATLANTA GA 30328-7107 ATLANTA GA 30328 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 58-1953493 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE Peter Beaudrault BERK, JAMES G NAME NAME 6100 Old Park Lane Orlando, FL 32835 STREET ADDRESS 6100 OLD PARK LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 TITLE ☐ Addition DVC Delete WATSON, JOHN H. NAME NAME STREET ADDRESS STREET ADDRESS FIVE CONCOURSE PARKWAY CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA Delete ☐ Change Addition TITLE Charles Cormick 6 Connaught Plaze London, ENG W2 2EZ JONES, LESLIE O NAME STREET ADDRESS STREET ADDRESS **FIVE CONCOURSE PARKWAY** CITY-ST-7IP CITY-ST-ZIP ATLANTA GA Addition ٧T ☐ Delete TITLE TITLE DELANEY, THOMAS G. NAME NAME **FIVE CONCOURSE PARKWAY** STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP atlanta ga ☐ Addition ☐ Delete TITLE ☐ Change TITLE CORMICK, CHARLES B A NAME NAME STREET ADDRESS STREET ADDRESS **6 CONNAUGHT PLACE** CITY-ST-ZIP LONDON, ENGLAND W2- 2EZ CITY-ST-ZIP X Addition Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date