FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 09, 2002 8:00 am Secretary of State P97000082235 DOCUMENT # 1. Entity Name HOPKINS CROSSING, INC. 05-09-2002 90037 033 ***150 00 Principal Place of Business Mailing Address 5775 PEACHTREE DUNWOODY RD., STE. 175-D 5775 PEACHTREE DUNWOODY RD., STE. 175-D ATLANTA GA 30342 ATLANTA GA 30342 2. Principal Place of Business Mailing Address OIBELVEDERE KOAD 601 RELVEDERE ROAD Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0788800 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 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 regis 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 Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (9/01) BROWN, WILLIAM G NAME NAME STREET ADDRESS 5775 PEACHTREE DÜNWOODY RD., STE 200 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30342 CITY-ST-ZIP TITLE Delete TIT! F NAME BOGGIO, SCOTT M NAME STREET ADDRESS 5775 PEACHTREE DUNWOODY RD., STE 200 STREET ADDRESS CITY-ST-ZIE ATLANTA GA 30342 CITY-ST-ZIP CYNDEE STRAUSS, D Delete TITLE **Addition** ☐ Change NAME GREENFIELD, GREGORY R NAME STREET ADDRESS 5775 PEACHTREE DUNWOODY RD., STE 200 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30342 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STRAUSS, RICHARD K NAME STREET ADDRESS 5775 PEACHTREE DUNWOODY RD., STE 200 STREET ADDRESS CITY=ST-ZIP ATLANTA GA 30342 CITY-ST-7IP TITLE 🔭 ☐ Delete NAME NAME 1601 BELVEDERE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BIRECTOR