FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 11, 2002 8:00 am g P97000093014 DOCUMENT # **Secretary of State** 1. Entity Name 03-11-2002 90040 016 \*\*\*150 00 EAST CAMELBACK ROAD, INC. Principal Place of Business Mailing Address 1801 HERMITAGE BLVD. SUITE 600 1801 HERMITAGE BLVD, SUITE 600 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address 1801 Hermitage Blvd. 1801 Hermitage Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 600 Suite 600 City & State City & State Applied For 4. FEI Number 52-2065342 Tallahassee, Tallahassee, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32308 USA 32308 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TODD, DAVID E Street Address (P.Q. Box Number is Not Acceptable) 1801 HERMITAGE BLVD, SUITE 600 TALLAHASSEE FL 32308 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. DATE (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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change X Addition WARRIOR, DEXTER B MCKEAN, THOMAS A NAME NAME 3424 PEACHTREE ROAD, N.E. #800 3424 PEACHTREE RD., NE #800 STREET ADDRESS STREET ADDRESS atlanta ga 30326 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30326 TITLE DVAS Delete TITLE DVAS Change X Addition NAME HORTON, JAMES W NAME SMITH, JEFFREY L. STREET ADDRESS 1801 HERMITAGE BLVD, SUITE 600 STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600 CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP TALLAHASSEE, FL 32308 TITLE DVAT ☐ Delete TITLE Change ☐ Addition NAME gray, Lynne M NAME 1801 HERMITAGE BLVD, SUITE 600 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32308 TITLE ☐ Delete TITLE ☐ Change ☐ Addition Laler C Decosta NAME NAME 3424 PEACHTREE RD NE #800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP atlanta ga 30326 Delete ★ Addition TITLE TITLE ☐ Change BERGERON, RENEE NAME NAME TRIVERS, LISA K STREET ADDRESS 3424 PEACHTREE RD NE #800 STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800 CITY-ST-ZIP ATLANTA GA 30326 CITY-ST-ZIP ATLANTA GA 30326 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME BENNETT, DOUGLAS W NAME STREET ADDRESS 1801 HERMITAGE BLVD #600 STREET ADDRESS TALLAHASSEE FL 32308 CiTY-ST-7IP CITY-ST-7iP 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. Thomas A. McKean ENING OFFICER OR DIRECTOR

SIGNATURE:

02-20-02

404-848-8600

Daytime Phone #