

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90043 049 \*\*\*150.00

**DOCUMENT # S40240**

1. Entity Name  
**KAR-TAINER INTERNATIONAL, INC.**

Principal Place of Business      Mailing Address  
**160 CLAIREMONT AVE**      **160 CLAIREMONT AVE**  
**SUITE 410**      **SUITE 410**  
**DECATUR GA 30030**      **DECATUR GA 30030**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0252817**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C-T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)      **FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State**      10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>GROSS, JACK</b>
STREET ADDRESS	<b>160 CLAIREMONT AVE, STE 410</b>
CITY-ST-ZIP	<b>DECATUR GA 30030</b>
TITLE	<b>VPT</b> <input type="checkbox"/> Delete
NAME	<b>FORBES, DAVID S</b>
STREET ADDRESS	<b>160 CLAIREMONT AVE., STE. 410</b>
CITY-ST-ZIP	<b>DECATUR GA 30030</b>
TITLE	<b>VPS</b> <input type="checkbox"/> Delete
NAME	<b>MATHESON, ROBERT C</b>
STREET ADDRESS	<b>160 CLAIREMONT AVE, STE. 410</b>
CITY-ST-ZIP	<b>DECATUR GA 30030</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>WEAVER, STANLEY</b>
STREET ADDRESS	<b>160 CLAIREMONT AVENUE, SUITE 410</b>
CITY-ST-ZIP	<b>DECATUR GA 30030</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>FLEMING, ROBERT M</b>
STREET ADDRESS	<b>160 CLAIREMONT AVENUE, SUITE 410</b>
CITY-ST-ZIP	<b>DECATUR GA 30030</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Forbes David S</b>
STREET ADDRESS	<b>160 Clairemont Ave. Suite 200</b>
CITY-ST-ZIP	<b>Decatur GA 30030</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Matheson, Robert C.</b>
STREET ADDRESS	<b>160 Clairemont Ave. Suite 410</b>
CITY-ST-ZIP	<b>Decatur GA 30030</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Secretary Bruce Murray</b>
STREET ADDRESS	<b>160 Clairemont Ave.</b>
CITY-ST-ZIP	<b>Decatur GA 30030</b>

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: *Michael J. [Signature]*      **NOTARIZED REQUIRED**      Date: 3/11/2002      Daytime Phone #: 404-370-4305

CR2E034 (9/01)