2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with all address

SIGNATURE:

with all ott

SIGNING OFFICER OR DIRECTOR

Apr 18, 2001 8:00 am Secretary of State DOCUMENT # F93000003287 1. Entity Name MADISON RESEARCH CORPORATION 04-18-2001 90028 049 ***150.00 Principal Place of Business Mailing Address 401 WYNN DRIVE 401 WYNN DRIVE HUNTSVILLE AL 35805 HUNTSVILLE AL 35805 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 63-0934056 Not Applicable Zip Country Zip 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 TOWNSEND, JOHN G Street Address (P.O. Box Number is Not Acceptable) 275 ECHO CIRCLE PSCN BLDG, M6-39 FT WALTON BEACH FL 32548 Zip Code City FL 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 Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution -(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE Delete TITLE Change ☐ Addition NAME NAME STALLWORTH, JOHN L STREET ADDRESS STREET ADDRESS 695 DUG HILL RD. CITY-ST-ZIP CITY-ST-ZIP **BROWNSBORO AL 35741** Secretary Delete TITLE Change **X** Addition TITLE Florastein Stallworth 695 Dug Hill Road NAME NAME GLASNER, GLEN STREET ADDRESS STREET ADDRESS 26992 WILL BRADEN CIR Brownsboro, AL 35741 CITY-ST-ZIP CITY-ST-ZIP ATHENS AL 35611 TITLE Change Addition TITLE ☐ Delete 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-ZIF CITY-ST-ZIP TITLE" ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 emptywered to executefilis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter do not not a statement with all address with all officers with all officers with all officers with all officers.

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