2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F99 000002739 May 03, 2001 8:00 am Secretary of State E.A. RENFROE & COMPANY INC. 05-03-2001 90996 036 ***158.75 Principal Place of Business Mailing Address TWO CHASE CORPORATE TWO CHASE CORPORATE DR. SUITE 250 SUITE 250 BIRMENGHAM, AL 35244 BIRMINGHAM, AL 35244 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 58-2142437 Not Applicable Zin Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CORPORATION SYSTEM SOUTH PINE ISLAND ROAD Zip Code PLANTATION 33324 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, 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, 2001 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. ☐ Change ☐ Addition ☐ Delete TITLE T/3/0 TITLE RENFROE, JANA TWO CHASE CORPORATE DRIVE, SUITE 250 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP BIRMINGHAM, AL 35244 ☐ Change Addition TITLE ☐ Delete TITLE CP RENFROE, GENE NAME TWO CHASE CORPORATE PRIVE, SUITE 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL 35244 Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

13. I hereby certify that the information supplied with this filling 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 suppliemental 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 addless, with all other like empowered.

SIGNATURE:

FAMMS. ALLEMAND JAWA
GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANA P. RENFROE

4/20/

(205) 982-6230

Daytime Phone #