FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 16, 2002 8:00 am Secretary of State DOCUMENT # P17338 1. Entity Name GABLE ELECTRIC COMPANY, INC. 09-16-2002 90094 035 ***550.00 Principal Place of Business Mailing Address 355 BROGDON ROAD 355 BROGDON ROAD SUITE 107 SUITE 107 SUWANEE GA 30024 SUWANEE GA 30024 Principal Place of Business 3. Mailing Address 805 Brogdon Rd Broad on Rol Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For G-A (J-A 58-0685806 Suwonee sulvance Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3002 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) - FILE NOW!!! FEE IS \$550.00 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 September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME DORSETT, C. GARY NAME 3 STREET ADDRESS 5655 COLE ROAD STREET ADDRESS CITY-ST-ZIP **BUFORD GA 30518** CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME CARMAN, EURA D. NAME STREET ADDRESS 2244 WAKITA DRIVE SE STREET ADDRESS MARIETTA GA 30060 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME MCLENDON, J. BARRY NAME STREET ADDRESS 4424 RIVERCLIFF DRIVE STREET ADDRESS CITY-ST-ZIP LILBURN GA 30247 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition DORSETT, PATRICK W NAME NAME STREET ADDRESS 8130 ALBRITTON DOWNS STREET ADDRESS CITY-ST-ZIP **CUMMING GA 30041** CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OPSIGNING OFFICER OR DIRECTOR