2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # 196436 1. Entity Name JEMISON, INC. 03-20-2000 90111 039 ***150.00 Mailing Address Principal Place of Business ONE UNION PLACE - SUITE 200 ONE UNION PLACE - SUITE 200 35 UNION AVENUE 35 UNION AVENUE MEMPHIS TN 38103-9496 MEMPHIS TN 38103-9496 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 58-0662440 Not Applicable Country **\$8.75** "Additional" Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filling 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 TITLE ☐ Delete TITLE JOHNSON, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 35 UNION AVENUE, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN Change Addition ☐ Delete TITLE TITLE PERKINS, SANDRA L NAME STREET ADDRESS STREET ADDRESS 35 UNION AVE SUITE 200 CITY-ST-ZIP CITY-ST-ZIP MEMPHIS, TN 00000 ☐ Change ☐ Addition Delete TITLE TITLE JEMISON, FRANK Z JR NAME STREET ADDRESS STREET ADDRESS 35 UNION AVE SUITE 200 CITY-ST-ZIP CITY-ST-ZIP MEMPHIS, TN 00000 Change Addition ☐ Delete TITLE TITLE NAME SLATER, JOHN W JR NAME STREET ADDRESS 530 OAK COURT DRIVE, STE. 155 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEMPHIS, TN 0 ☐ Change Addition ☐ Delete TITLE NAME STRATTON, LESLIE M III STREET ADDRESS STREET ADDRESS 7493 FAIRWAY FOREST DRIVE N CITY-ST-ZIP CITY-ST-ZIP **CORDOVA TN** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 attachment with an address, with all other 901-544-1705 3/9/00

Daytime Phone #

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: