

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90016 029 ***150.00

DOCUMENT # 818021

1. Entity Name
CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SERVICE

Principal Place of Business SIGN SERVICE 12TH AVENUE SOUTH TENNESSEE 37203	Mailing Address AL SIGN SERVICE 200 12TH AVENUE SOUTH NASHVILLE TENNESSEE 37203-4002
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Cummings Inc. Suite, Apt. #, etc.)	3. Mailing Address Cummings Inc. Suite, Apt. #, etc.)
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City & State	City & State	4. FEI Number 62-0563567	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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, 2000 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	P	<input type="checkbox"/> Delete
NAME	CUMMINGS, THOMAS L. III	
STREET ADDRESS	2803 HEMMINGWAY DR.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	METCALFE, FRANK T.	
STREET ADDRESS	ROUTE 2	
CITY-ST-ZIP	ADAMS TN	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SPEAS, JOHN D	
STREET ADDRESS	1005 LEXINGTON DRIVE	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	CUMMINGS JR, THOMAS L	
STREET ADDRESS	120 PROSPECT HILL	
CITY-ST-ZIP	NASHVILLE, TENN 00000	
TITLE	C	<input type="checkbox"/> Delete
NAME	BINKLEY, RUTH A	
STREET ADDRESS	5001 LANGFORD PASS	
CITY-ST-ZIP	OLD HICKORY TN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	560 Beech Creek Rd, South	
STREET ADDRESS	Brentwood, TN 37027	
CITY-ST-ZIP		
TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert E. Bowman	
STREET ADDRESS	2306 Racquetclub drive	
CITY-ST-ZIP	Murfreesboro, TN 37130	
TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Cornett	
STREET ADDRESS	813 Fireside Circle	
CITY-ST-ZIP	Brentwood, TN 37027	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela K. Pfeffer	
STREET ADDRESS	863 Treemont Ct.	
CITY-ST-ZIP	Nashville, TN 37220	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 like empowered.

SIGNATURE: *Ruth A Binkley* **RUTH A BINKLEY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-29-2000 (615) 782-7140
 Daytime Phone #

CR2E034 (9/99)