## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## **DOCUMENT# 857895**

FILED Aug 25, 2009 Secretary of State

Entity Name: BARGE, WAGGONER, SUMNER AND CANNON, INC.

Current Principal Place of Business:				New Principal Place of Business:		
211 COMMERCE STREET SUITE 600 NASHVILLE, TN 372011815						
Current Mailing Address:			New Mailing Address:			
211 COMMERCE STREET SUITE 600 NASHVILLE, TN 372011815						
FEI Number: 62-0525827 FEI Number Applied For ( ) FEI Num			nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US						
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:						
Electronic Signature of Registered Agent					Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ALLEN, THOMAS	STREET, SUITE 600		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	WEST, DAVID	Delete : STREET, SUITE 600 37201		Title: Name: Address: City-St-Zip:	WEST, DAVID	CE STREET, SUITE 600
Title: Name: Address: City-St-Zip:	ROSE, GARLANI	STREET, SUITE 600		Title: Name: Address: City-St-Zip:	HIGGINS, ROE	CE STREET, SUITE 600
Title: Name: Address: City-St-Zip:	EVP () E GIANNELLI, RICH 10133 SHERRILI KNOXVILLE, TN	BLVD		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VP () CAIN, LYNN 8280 YANKEE ST DAYTON, OH 45			Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition
Title: Name: Address: City-St-Zip:	POLK, ROBERT	, TWO PERIMETER PARK SOUTH		Title: Name: Address: City-St-Zip:	WILLIAMS, RO	CE STREET, SUITE 600
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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						

SIGNATURE: THOMAS A. ALLEN SVPT 08/25/2009

above, or on an attachment with an address, with all other like empowered.