

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857895

FILED
Apr 24, 2012
Secretary of State

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

Current Principal Place of Business:

211 COMMERCE STREET
SUITE 600
NASHVILLE, TN 372011815

New Principal Place of Business:

Current Mailing Address:

211 COMMERCE STREET
SUITE 600
NASHVILLE, TN 372011815

New Mailing Address:

FEI Number: 62-0525827 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: SVPT
Name: ALLEN, THOMAS A
Address: 211 COMMERCE STREET, SUITE 600
City-St-Zip: NASHVILLE, TN 37201

Title: SURV
Name: HOLDEN, WILBURN N
Address: 1110 MARKET STREET STE 200
City-St-Zip: CHATTANOOGA, TN 37402

Title: CEO
Name: HIGGINS, ROBERT B
Address: 211 COMMERCE STREET, SUITE 600
City-St-Zip: NASHVILLE, TN 37201

Title: VP
Name: LEDFORD, JOSEPH
Address: 10133 SHERRILL BLVD
City-St-Zip: KNOXVILLE, TN 37932

Title: VP
Name: DUES, TOM
Address: 8280 YANKEE STREET
City-St-Zip: DAYTON, OH 45458

Title: VP
Name: WILLIAMS, ROBERT M
Address: 211 COMMERCE STREET, SUITE 600
City-St-Zip: NASHVILLE, TN 37201

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

SIGNATURE: THOMAS A. ALLEN

SVPT

04/24/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date