

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007299

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** RETIREMENT PLAN CONSULTANTS, INC.

**Current Principal Place of Business:**

8331 E. WALKER SPRINGS LN  
STE 301  
KNOXVILLE, TN 37923

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 32999  
KNOXVILLE, TN 37930

**New Mailing Address:**

**FEI Number:** 62-6319489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CHRM  
Name: SYKES, TIM D  
Address: 8331 E. WALKER SPRINGS LANE, SUITE 301  
City-St-Zip: KNOXVILLE, TN 37923

Title: CEO  
Name: KECK, KYLA  
Address: 8331 E. WALKER SPRINGS LANE, SUITE 301  
City-St-Zip: KNOXVILLE, TN 37923

Title: P  
Name: KING, SEAN G  
Address: 8331 E. WALKER SPRINGS LANE, SUITE 301  
City-St-Zip: KNOXVILLE, TN 37923

Title: VP  
Name: HOBBS, NATALIE  
Address: 8331 E. WALKER SPRINGS LANE, SUITE 301  
City-St-Zip: KNOXVILLE, TN 37923

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: CHRIS MORSE

DIR

01/10/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date