FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2002 8:00 am Secretary of State DOCUMENT # F93000004640 1. Entity Name CMH PARKS, INC. 02-14-2002 90040 041 ***150.00 Principal Place of Business Mailing Address 5000 CLAYTON ROAD PO BOX 4098 MARYVILLE TN 37804 MARYVILLE TN 37802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-1362749 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 POC TITLE TITI F Addition □ Delete NAME CLAYTON, KEVIN T NAME STREET ADDRESS STREET ADDRESS 5000 CLAYTON ROAD CITY-ST-ZIP CITY-ST-7/P MARYVILLE TN 37804 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME KRUPACS, AMBER NAME STREET ADDRESS **5000 CLAYTON RD** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MARYVILLE TN 37804** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME MORGAN, ALLEN STREET ADDRESS STREET ADDRESS **5000 CLAYTON RD** CITY-ST-ZIP CITY-ST-ZIP MARYVILLE TN 37804 Delete TITLE Change Addition TITLE NAME NAME GREEN, KEITH STREET ADDRESS STREET ADDRESS **5000 CLAYTON RD** CITY-ST-ZIP CITY-ST-ZIP MARYVILLE TN 37804 TITLE ☐ Delete TIT! F Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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 trye 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 trusted 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 eddress with all other like empowered.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 te Davin

Daytime Phone #