

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**  
 01-25-2000 90072 041 \*\*\*158.75

**DOCUMENT # F97000002519**

1. Entity Name  
**THE MERRIMAC GROUP, INC.**

|   |         |  |         |
|---|---------|--|---------|
| Principal Place of Business<br>P O BOX 110656<br>NASHVILLE TN 37222-656<br>US |         | Mailing Address<br>P O BOX 110656<br>NASHVILLE TN 37222-0656<br>US |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                         |         | 3. Mailing Address<br>Suite, Apt. #, etc.                          |         |
| City & State  |         | City & State   |         |
| Zip   | Country | Zip  | Country |



DO NOT WRITE IN THIS SPACE

4. FEI Number **62-1463468** | Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>                 1200 S. PINE ISLAND ROAD<br/>                 PLANTATION FL 33324</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b>   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                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>ASHWOOD, MATTHEW P<br>774 PRINCETON HILLS DR<br>BRENTWOOD TN 37027 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>COLE, SCOTT J.<br>4103 BAILWOOD DRIVE<br>NASHVILLE, TN- 37215 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>HUNTER, DEBORAH K<br>8111 DOZIER PLACE<br>BRENTWOOD TN. 37207 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>KRODEL, ERIC<br>205 BRITAIN CRT<br>BRENTWOOD TN 37207 <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CBD<br>TAWHEEL, KEVIN M<br>10 MEADOW LANE<br>ATHERTON CA 94027 <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>HARPER, LINDA T<br>748 BERKSHIRE DR<br>OLD HICKORY TN 37138 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>SHEENAN, MICHAEL W<br>505 LANDON DRIVE<br>NASHVILLE TN 37220 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: Linda T. Harper **LINDA T. HARPER** 1/14/00 615-837-2200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #