

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000002519**

1. Entity Name

THE MERRIMAC GROUP, INC.

Principal Place of Business

**P O BOX 110656
NASHVILLE TN 37222-656
US**

Mailing Address

**P O BOX 110656
NASHVILLE TN 37222-656
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	COLE, SCOTT J	4103 BAILWOOD DR	NASHVILLE TN 37215				
VP	HUNTER, DEBORAH K	8111 DOZIER PLACE	BRENTWOOD TN 37207				
VP	KRODEL, ERIC	205 BRITAIN CRT	BRENTWOOD TN 37207				
CBD	TAWHEEL, KEVIN M	10 MEADOW LANE	ATHERTON CA 94027				
VP	HARPER, LINDA T	748 BERKSHIRE DR	OLD HICKORY TN 37138				
VP	SHEENAN, MICHAEL W	505 LONDON DRIVE	NASHVILLE TN 37220				

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda T. Harper

3/29/01

615-837-3000

Daytime Phone #

CR2E034 (10/00)

0594500