2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39229

Name:

Address:

City-St-Zip:

FILED Mar 02, 2005 Secretary of State

| Entity Na | me: NATION | AL SEATING & MOBILITY, II | NC. | | | | |
|---|---|--|--------------|---|--|------------------------|-----------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| | LLOW ROAD, IOOGA, TN 3 | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| | LLOW ROAD, IOOGA, TN 3 | | | | | | |
| FEI Number | : 62-1400785 | FEI Number Applied For () | FEI Num | ber Not Appl | icable () | Certificate of Status | Desired () |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| 2731 EXEC SUITE 4 | RVICES, INC. CUTIVE PARK , FL 33331 U | | | | | | |
| The above in the State | e named entity e of Florida. | submits this statement for th | e purpose of | changing it | ts registered | office or registered a | agent, or both, |
| SIGNATUI | RE: | | | | | | |
| | Electro | nic Signature of Registered | Agent | | | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | | | |
| OFFICER | S AND DIREC | TORS: | | ADDITION | S/CHANGES | S TO OFFICERS AN | ND DIRECTORS: |
| Title: Name: Address: City-St-Zip: | BALLARD, WII 5959 SHALLO |) Delete .LIAM M N ROAD, STE 443 A, TN 37421 US | | Title: Name: Address: City-St-Zip: | P (X BALLARD, WI 377 RIVERSIE FRANKLIN, TN | DE DR. | |
| Title: Name: Address: City-St-Zip: | ROGERS, WIL 5959 SHALLO |) Delete LIAM T JR N ROAD, STE 443 A, TN 37421 US | | Title: Name: Address: City-St-Zip: | (|) Change () Addition | |
| Title: Name: Address: City-St-Zip: | MADDOX, TIM 5959 SHALLO |) Delete I W ROAD, STE 443 A, TN 37421 US | | Title: Name: Address: City-St-Zip: | VP (X MADDOX, TIM 377 RIVERSID FRANKLIN, TN | DE DR. | |
| Title: | (|) Delete | | Title: | Т (|) Change (X) Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ANDERSON, ROGERS P

FRANKLIN, TN 37064 US

377 RIVERSIDE DR.

SIGNATURE: PROGERS ANDERSON T 03/02/2005