

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000004640

**Entity Name:** CLAYTON PROPERTIES GROUP, INC.

**Current Principal Place of Business:**

5000 CLAYTON ROAD  
MARYVILLE, TN 37804

**Current Mailing Address:**

PO BOX 4098  
MARYVILLE, TN 37802 US

**FEI Number: 62-1362749**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name DAVIS, COLT  
Address 5000 CLAYTON ROAD  
City-State-Zip: MARYVILLE TN 37804

Title PRESIDENT AND DIRECTOR  
Name RUTHERFORD, MIKE  
Address 5000 CLAYTON RD  
City-State-Zip: MARYVILLE TN 37804

Title ASSISTANT SECRETARY AND DIRECTOR  
Name PONCE, LINDA  
Address 5000 CLAYTON RD  
City-State-Zip: MARYVILLE TN 37804

Title SECRETARY  
Name COOPER, PRICE  
Address 5000 CLAYTON RD  
City-State-Zip: MARYVILLE TN 37804

Title ASSISTANT SECRETARY  
Name WALSH, BRIAN  
Address 5000 CLAYTON ROAD  
City-State-Zip: MARYVILLE TN 37804

Title ASSISTANT SECRETARY  
Name SHENEFIELD, JEFF  
Address 5000 CLAYTON ROAD  
City-State-Zip: MARYVILLE TN 37804

Title ASST. SECRETARY  
Name GIORDANO, EVAN  
Address 5000 CLAYTON ROAD  
City-State-Zip: MARYVILLE TN 37804

*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: PRICE COOPER**

**SECRETARY**

**01/18/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date