

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P36528

**Entity Name:** SMITH SECKMAN REID, INC.

**Current Principal Place of Business:**

2995 SIDCO DR  
NASHVILLE, TN 37204

**Current Mailing Address:**

2995 SIDCO DR  
NASHVILLE, TN 37204 US

**FEI Number:** 62-0791037

**Certificate of Status Desired:** No

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

NIRIDER, HENRY J  
301 N CATTLEMEN RD  
STE 300  
SARASOTA, FL 34232 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:** HENRY J NIRIDER

04/28/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BARRICK, JAMES R  
Address 2995 SIDCO DR  
City-State-Zip: NASHVILLE TN 37204

Title PRESIDENT  
Name LANE, STEPHEN C  
Address 2995 SIDCO DR  
City-State-Zip: NASHVILLE TN 37204

Title CFO  
Name PRIDDY, TIMOTHY L  
Address 2995 SIDCO DRIVE  
City-State-Zip: NASHVILLE TN 37204

Title DIRECTOR  
Name OSTERBERG, SUSAN M  
Address 2995 SIDCO DR  
City-State-Zip: NASHVILLE TN 37204

Title DIRECTOR  
Name ROSS, JONATHAN A  
Address 2995 SIDCO DR  
City-State-Zip: NASHVILLE TN 37204

Title DIRECTOR  
Name GABOURY, DAVID R  
Address 10550 HIGHLAND  
City-State-Zip: OLATHE KS 66061

Title DIRECTOR  
Name ROOD, JOEL  
Address 104 PATTON PLACE  
City-State-Zip: CHAPEL HILL NC 27517

Title DIRECTOR  
Name SULLIVAN, BRUCE D  
Address 1001 OVERTON LEA RD  
City-State-Zip: NASHVILLE TN 37220

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*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:** TIMOTHY L PRIDDY

TREASURER

04/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            DICKENS, MARTY  
Address        4410 HARDING PLACE  
City-State-Zip: NASHVILLE TN 37205