

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90059 038 ****61.25

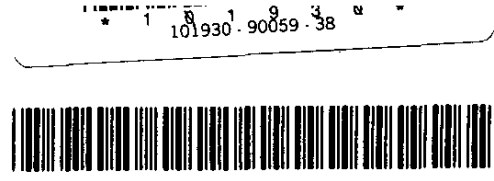
0060698

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 763442

1. Corporation Name
USS TENNESSEE REUNION ASSOCIATION, INC.

| | |
|---|---|
| Principal Place of Business P. O. BOX 1174 WILLOW GROVE PA 19090-0704 US | Mailing Address P. O. BOX 1174 WILLOW GROVE PA 19090-0704 US |
|---|---|



| | | | | | |
|---|--|--|---|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 3. Date Incorporated or Qualified 05/25/1982 | 4. FEI Number 22-2520950 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|--|---|---|--|

9. Name and Address of Current Registered Agent

RODGERS, JAMES
4101 SW 139TH AVE.
MIRAMAR FL 33027

10. Name and Address of New Registered Agent

| | | | | |
|---------|---|----|-----------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
| | | | FL | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | DC <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ADAMSON, H FRANK | 1.2 NAME | GRAHN, ALVIN |
| STREET ADDRESS | 575 ANCLOTE RD | 1.3 STREET ADDRESS | 30 WORKMAN DR. |
| CITY-ST-ZIP | TARPON SPRGS FL 34689 | 1.4 CITY-ST-ZIP | WOODBURN, OR 97071-4530 |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALOW, RALPH | 2.2 NAME | |
| STREET ADDRESS | 521 INMAN TERR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WILLOW GROVE PA | 2.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOMANN, AL | 3.2 NAME | |
| STREET ADDRESS | PO BOX 480 N/A | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SILVERTON CO | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EZELL, MORRIS | 4.2 NAME | |
| STREET ADDRESS | 3614 MOON RIVER ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | AUSTIN TX | 4.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 5.1 TITLE | DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEXTON, BOYD | 5.2 NAME | |
| STREET ADDRESS | 1871 SIURG 2600 E. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SALT LAKE CITY UT 84108 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DICKSON, JOHN | 6.2 NAME | |
| STREET ADDRESS | P.O. BOX 801 (N/A) | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANHANDLE TX 79068 | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph W. Galow JAN 7, 1999 (215) 784-9885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)