2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # 818021** CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SE 04-02-2001 90071 031 ***150.00 Principal Place of Business Mailing Address CUMMINGS INC. CUMMINGS INC. 200 12TH AVENUE SOUTH 200 12TH AVENUE SOUTH 735670 NASHVILLE TN 37203 NASHVILLE TN 37203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-0563567.... Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition CR2E034 (10/00 NAME CUMMINGS, THOMAS L. I NAME STREET ADDRESS STREET ADDRESS 560 BEACH CREEK RD CITY-ST-ZIP CITY-ST-ZIP **BRENTWOOD TN 37027** TITLE ☐ Delete TITLE Change ☐ Addition BOWMAN, ROBERT E NAME NAME STREET ADDRESS STREET ADDRESS 2306 RACQUETCLUB DR CITY-ST-ZIP MURFREESBORO TN 37130 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CORNETT, BRUCE NAME NAME STREET ADDRESS 813 FIRESIDE CIR STREET ADDRESS CITY-ST-ZIP **BRENTWOOD TN 37027** CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition Change NAME PFEFFER, PAMELA K NAME STREET ADDRESS 863 TREEMONT CT STREET ADDRESS CITY-ST-ZIP NASHVILLE TN 37220 CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition BINKLEY, RUTH A NAME NAME STREET ADDRESS 5001 LANGFORD PASS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLD HICKORY TN

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

AND TYPED OR PRINTED NAME OF SIGI

☐ Delete

☐ Change

☐ Addition