

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90204 046 \*\*\*150.00

**DOCUMENT # 818021**

1. Entity Name  
**CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SERVICE**

Principal Place of Business <b>CUMMINGS INC.                  200 12TH AVENUE SOUTH                  NASHVILLE TN 37203</b>	Mailing Address <b>CUMMINGS INC.                  200 12TH AVENUE SOUTH                  NASHVILLE TN 37203</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**62-0563567**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>CUMMINGS, THOMAS L I</b>
STREET ADDRESS	<b>560 BEACH CREEK RD</b>
CITY-ST-ZIP	<b>BRENTWOOD TN 37027</b>

TITLE	<b>Vice President - Administration</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1079 Stonebridge Park Dr.</b>
CITY-ST-ZIP	<b>Franklin, TN 37069</b>

TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>BOWMAN, ROBERT E</b>
STREET ADDRESS	<b>2308 RACQUETCLUB DR</b>
CITY-ST-ZIP	<b>MURFREESBORO TN 37130</b>

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>CORNETT, BRUCE</b>
STREET ADDRESS	<b>813 FIRESIDE CIR</b>
CITY-ST-ZIP	<b>BRENTWOOD TN 37027</b>

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>PFEFFER, PAMELA K</b>
STREET ADDRESS	<b>863 TREMONT CT</b>
CITY-ST-ZIP	<b>NASHVILLE TN 37220</b>

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>BINKLEY, RUTH A</b>
STREET ADDRESS	<b>5001 LANGFORD PASS</b>
CITY-ST-ZIP	<b>OLD HICKORY TN</b>

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>337 Hickory Dr.</b>	
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>President Stephen R. Kerr</b>	
STREET ADDRESS	<b>200 Twelfth Ave., South</b>	
CITY-ST-ZIP	<b>Nashville, TN 37203</b>	

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.

SIGNATURE: *Ruth Binkley* **Ruth Binkley** (615) 244-5555  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)