2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821528

Entity Name: U.C. REALTY CORP.

FILED Apr 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6400 POPLAR AVE MEMPHIS, TN 38197 **Current Mailing Address: New Mailing Address:** 6400 POPLAR AVENUE C/O TAX DEPT MEMPHIS, TN 38197 FEI Number: 13-2611691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PCFO** () Delete Title: PCFO (X) Change () Addition Name: RONNIE, LEONARD H Name: LIEBETREU, DAVID A 3 PARAGON DR 6775 LENOX CENTER COURT Address: Address: City-St-Zip: MONTVALE, NJ 07645 City-St-Zip: MEMPHIS, TN 38115 **VPAT** Title: Title: () Delete () Change () Addition Name: KLIMAN, THOMAS A Name: 6400 POPLAR AVE Address: Address: MEMPHIS, TN 38197 City-St-Zip: City-St-Zip: Title: AS () Delete Title: AS (X) Change () Addition BORRELL, COLETTE E HOYSER, BECKY Name: Name: 3 PARAGON DR 6775 LENOX CENTER COURT Address: Address: City-St-Zip: MONTVALE, NJ 07645 City-St-Zip: MEMPHIS, TN 38115 Title: ATAS () Delete Title: () Change () Addition WILLIAMSON, MICHAEL Name: Name: Address: 6400 POPLAR AVENUE Address: City-St-Zip: MEMPHIS, TN 38197 City-St-Zip: Title: AS Title: () Delete () Change () Addition BAUER, PAULA S Name: Name: 6400 POPLAR AVE Address: Address: City-St-Zip: MEMPHIS, TN 38197 City-St-Zip: Title: () Delete Title: () Change () Addition PARRS, MARIANNE M Name: Name: 6400 POPLAR AVE Address: Address: City-St-Zip: City-St-Zip: MEMPHIS, TN 38197

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL WILLIAMSON ATAS 04/03/2007