

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822910

FILED
Apr 07, 2004
Secretary of State

Entity Name: TRANSTATES PROPERTIES INCORPORATED

Current Principal Place of Business:

400 ATLANTIC ST
C/O CORPORATE SECRETARY
STAMFORD, CT 06901

New Principal Place of Business:

Current Mailing Address:

6400 POPULAR AVENUE
C/O TAX DEPT
MEMPHIS, TN 38197

New Mailing Address:

FEI Number: 22-1898474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION
1200 PINE ISLAND ROAD
PLANTATION, FL 33324

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: LESSIN, ANDREW R
Address: 400 ATLANTIC ST
City-St-Zip: STAMFORD, CT 06901

Title: P () Delete
Name: O'BRIEN, GEORGE A
Address: 1201 W LATHROP
City-St-Zip: SAVANNAH, GA 31415

Title: ATAS () Delete
Name: FINNEGAN, JOHN
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: VPAS () Delete
Name: KLIMAN, THOMAS A
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: D () Delete
Name: MELICAN, JAMES P
Address: 400 ATLANTIC ST
City-St-Zip: STAMFORD, CT 06901

Title: AS () Delete
Name: BAUER, PAULA
Address: 400 ATLANTIC ST
City-St-Zip: STAMFORD, CT 06901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PARRS, MARIANNE M
Address: 400 ATLANTIC ST
City-St-Zip: STAMFORD, CT 06901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ATAS (X) Change () Addition
Name: WILLIAMSON, MICHAEL
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GRILLET, ROBERT J
Address: 400 ATLANTIC ST
City-St-Zip: STAMFORD, CT 06901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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

AT

04/07/2004

Electronic Signature of Signing Officer or Director

Date