2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# 822910

Entity Name: TRANSTATES PROPERTIES INCORPORATED

Current Principal Place of Business:

6400 POPLAR AVE
MEMPHIS, TN 38197

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 US

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: PARRS, MARIANNE M
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: P ( ) Delete
Name: LIEBETREU, DAVID A
Address: 6775 LENOX CENTER COURT
City-St-Zip: MEMPHIS, TN 38197

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

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

Title: D ( ) Delete
Name: GRILLET, ROBERT J
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: AS ( ) Delete
Name: BAUER, PAULA
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NICHOLLS, TIMOTHY S
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: P (X) Change ( ) Addition
Name: LIEBETREU, DAVID A
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

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

Title: VPAT (X) Change ( ) Addition
Name: KLIMAN, THOMAS A
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

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

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

I hereby certify that the information supplied with this filing does not qualify 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 02/25/2008

Electronic Signature of Signing Officer or Director Date