

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90107 006 \*\*\*150.00

**DOCUMENT # 825506**

1. Entity Name:  
**ALLEN & O'HARA, INC.**

Principal Place of Business <b>530 OAK COURT DRIVE          SUITE 300          MEMPHIS TN 38117          US</b>	Mailing Address <b>530 OAK COURT DRIVE          SUITE 300          MEMPHIS TENNESSEE 38117          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>62-0800790</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete <b>WILLIAMSON, JOHN A. 530 OAK COURT, SUITE 300 MEMPHIS TN 38117</b>	TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Welch, Lee 530 Oak Court, Suite 300 Memphis, TN 38117</b>
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>BOWER, PAUL O 9200 ROCKY CANNON RD CORDOVA TN</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b>	<input type="checkbox"/> Delete <b>BROWN, RANDALL H 530 OAK COURT DR STE 300 MEMPHIS TN</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Randall H. Brown* **SIGNATURE REQUIRED** **Randall H. Brown Treasurer** 4/29/02 901 259 2500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)