2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 18, 2007
Secretary of State

DOCUMENT# 832851

Entity Name: I.C. THOMASSON ASSOCIATES, INC.

Current Principal Place of Business:

2950 KRAFT DR
STE 500
NASHVILLE, TN 37204

New Principal Place of Business:

Current Mailing Address:

2950 KRAFT DR
STE 500
NASHVILLE, TN 37204

New Mailing Address:

FEI Number: 62-0721262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331 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

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: BRATTON, GEORGE R JR,
Address: 9224 FOX RUN DR.
City-St-Zip: BRENTWOOD, TN 37027

Title: V ( ) Delete
Name: HARVILLE, J. CLIFF,
Address: 6906 PULL TIGHT HILL RD.
City-St-Zip: COLLEGE GROVE, TN 37046

Title: T ( ) Delete
Name: TINNELL, WILLIAM T.
Address: 1657 RACHEL WAY
City-St-Zip: OLD HICKORY, TN 37138

Title: P ( ) Delete
Name: WIMBERLY, J. J. IV,
Address: 1100 RADNOR GLEN
City-St-Zip: BRENTWOOD, TN 37027

Title: S ( ) Delete
Name: GREEN, ALBERT E.
Address: 10675 INDEPENDENT HILL RD.
City-St-Zip: ARRINGTON, TN 37014

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: V ( ) Change (X) Addition
Name: WINFREE, ROBERT O
Address: 1156 FAIRWAYS
City-St-Zip: LEBANON, TN 37087

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: JOHN WIMBERLY P 07/18/2007

Electronic Signature of Signing Officer or Director — Date