


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90016 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 841031

1. Corporation Name
ALOMA, INC.

Principal Place of Business 755 CROSSOVER LANE MEMPHIS TN 38117	Mailing Address 755 CROSSOVER LANE MEMPHIS TN 38117
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1978	
21		26		4. FEI Number 59-1829642	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEHER, RICHARD M	1.2 NAME	
STREET ADDRESS	755 CROSSOVER LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38117	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMPION, CAROL G	2.2 NAME	
STREET ADDRESS	755 CROSSOVER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38117	2.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEROCCHI, WILLIAM L	3.2 NAME	
STREET ADDRESS	755 CROSSOVER LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38117	3.4 CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSER, PETER H	4.2 NAME	
STREET ADDRESS	755 CROSSOVER LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38117	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, RALPH B	5.2 NAME	
STREET ADDRESS	755 CROSSOVER LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38117	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPERN, M. RONALD	6.2 NAME	
STREET ADDRESS	755 CROSSOVER LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38117	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Kelleher* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99
Date

901.574-5000
Daytime Phone #

CR2E034 (11/98)

573616-90016-11
841031

ALOMA, INC.

FEDERAL ID NUMBER: 59-1829642

PRIMARY BUSINESS ADDRESS: 755 CROSSOVER LANE
MEMPHIS, TENNESSEE 38117

DIRECTORS:

M. RONALD HALPERN
PETER H. KESSER
RALPH B. LAKE

OFFICERS:

RICHARD M. KELLEHER	PRESIDENT
WILLIAM L. PEROCCHI	EXE. VICE PRESIDENT
ROBERT J. PROVOST	SR. VICE PRESIDENT
DAVID L. STIVERS	SR. VICE PRESIDENT
CAROL G. CHAMPION	VICE PRESIDENT
PETER H. KESSER	VICE PRESIDENT/SECRETARY
CRAIG CALLAN	ASST. SECRETARY
RICHARD L. TRUEBLOOD	VICE PRESIDENT/TREASURER
R. BRYAN MULROY, JR.	VICE PRESIDENT/ASST. TREASURER
W. STEVEN STANDEFER	ASSISTANT TRESURER