2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # 849057** 1. Entity Name GALENDECO, INC. 04-03-2001 90117 007 ***150.00 Principal Place of Business Mailing Address ONE PARK PLAZA P.O. BOX 570 NASHVILLE TN 37203 CONTIDAR ATTN: TAX DEPT NASHVILLE TN 37202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 61-0989218 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE ☐ Delete TITLE \mathcal{D} 16 JOHNSON, R. M NAME NAME STREET ADDRESS ONE PARK PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203 D VPS **VPS** TITLE Change ☐ Addition TITLE ☐ Delete FRANCK, JOHN M NAME NAME STREET ADDRESS STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIE CITY-ST-ZIP NASHVILLE TN 37203 TITLE Delete TITLE ■ Addition NAME MOORE, A B NAME STREET ADDRESS STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203 TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME David Denson STREET ADDRESS STREET ADDRESS ONe Park Plaza CITY-ST-Z/ CITY-ST-ZIP Nashuille IN 37203 ☐ Delete ☐ Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 impowered 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 attachapter with an address, with all other like empowered.

David Denson
Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

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