

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

FILED  
Mar 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **856125** (0)

1. Corporation Name  
**SEDGWICK JAMES OF TENNESSEE, INC.**

Principal Place of Business  
**1000 RIDGEWAY LOOP ROAD  
LEGAL DEPT.  
MEMPHIS TN 38120  
US**

Mailing Address  
**1000 RIDGEWAY LOOP ROAD  
P.J. ROBINSON, LEGAL DEPT.  
MEMPHIS TN 38120  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/14/1983</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>62-0174265</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE PRENTICE HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301</b>				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 <b>FL</b>	

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

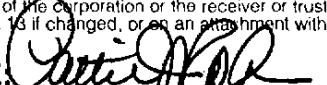
Signature, typed or printed name of registered agent and title if applicable.

(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	<b>BOWLIN, DAVID L.</b>		1.2 NAME				
STREET ADDRESS	<b>1000 RIDGEWAY LOOP RD</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MEMPHIS TN</b>		1.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>MOREAU, R., DAVID</b>		2.2 NAME				
STREET ADDRESS	<b>1000 RIDGEWAY LOOP RD</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MEMPHIS TN</b>		2.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>ROSENBLOOM, ALAN, B</b>		3.2 NAME				
STREET ADDRESS	<b>1000 RIDGEWAY LOOP RD</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MEMPHIS TN</b>		3.4 CITY-ST-ZIP				
TITLE	TV	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>O'DAY, JOHN E.</b>		4.2 NAME				
STREET ADDRESS	<b>1000 RIDGEWAY LOOP RD</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MEMPHIS TN</b>		4.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>ROBINSON, PATTIE JANE</b>		5.2 NAME				
STREET ADDRESS	<b>1000 RIDGEWAY LOOP RD</b>		5.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MEMPHIS TN</b>		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>QUILL, O H</b>		6.2 NAME	<b>Healey, Quill O.</b>			
STREET ADDRESS	<b>3333 PEACHTREE RD NE</b>		6.3 STREET ADDRESS				
CITY-ST-ZIP	<b>ATLANTA GA</b>		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 as an attachment with an address.

SIGNATURE  **Pattie J. Robinson** 2/25/98 901-684-3588

CR2E034 (10/97)