


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # 856406 1. Entity Name DRUMMOND COMPANY, INC.	
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Principal Place of Business 10000 URBAN CENTER DR #300 VESTAVIA HILLS, AL 35242 US	Mailing Address 10000 URBAN CENTER DR #300 VESTAVIA HILLS, AL 35242 US
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04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0653224	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO DRUMMOND, GARRY N. 1000 URBAN CENTER DR STE 300 BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD DRUMMOND, SEGAL E 101 WALSTON BRIDGE RD JASPER, AL 35502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BLACK, CLYDE C 101 WALSTON BRIDGE RD JASPER, AL 35502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DRUMMOND, DONALD D 101 WALSTON BRIDGE RD JASPER, AL 35502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STILWELL, JOHN P 1000 URBAN CENTER DR STE 300 BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/11/06-80119-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**JOHN P. STILWELL
SR. VICE PRESIDENT & CFO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

205 945-6302

Daytime Phone #