2001 UNIFORM BUSINESS REPORT (UBR)

May 07, 2001 8:00 am Secretary of State DOCUMENT # F00000000666 1. Entity Name DEVELOPMENT OPTIONS, INC. 05-07-2001 90041 041 ***150.00 Principal Place of Business Mailing Address ONE PARK PLACE ONE PARK PLACE იიიკილეს 6148 LEE HIGHWAY. SUITE 300 6148 LEE HIGHWAY, SUITE 300 CHATTANOOGA TN 37421 CHATTANOOGA TN 37421 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 62-1553523 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 3742**1-**6511 37421**-**6<u>511</u> US Fee Required US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 rainstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Delete COB/CEO/D X Change ☐ Addition 3R2E034 (10/00) PCD TITI F TITLE NAME NAME LEBOVITZ, CHARLES B STREET ADDRESS STREET ADDRESS 6148 LEE HIGHWAY, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP CHATTANOOGA TN 37421 37421**-**6511 TITLE VCOB/CFO/T/D Change ☐ Addition TITLE TD Delete NAME FOY, JOHN N NAME STREET ADDRESS STREET ADDRESS 6148 LEE HIGHWAY, SUITE 300 CITY-ST-ZIP 37421-6522 CITY-ST-ZIP CHATTANOOGA TN 37421 TITLE ☐ Delete TITLE P/S/D ☐ Addition NAME LEBOVITZ, STEPHEN D STREET ADDRESS STREET ADDRESS 800 SOUTH STREET, SUITE 395 02154 CITY-ST-ZIP CITY-ST-ZIP WALTHAM MA 02453 **EVP** X Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME Landress, ben s STREET ADDRESS STREET ADDRESS 6148 LEE HIGHWAY, SUITE 300 CITY-ST-ZIP 37421-6511 CITY-ST-ZIP CHATTANOOGA TN 37421 SVP ☐ Addition TITLE □ Delete TITLE NAME FULLAM, RONALD L NAME STREET ADDRESS STREET ADDRESS 6148 LEE HIGHWAY, SUITE 300 37421-6511 CITY-ST-ZIP CITY-ST-ZIP CHATTANOOGA TN 37421 Delete SVP/CONTROLLER X Addition TITLE TITLE ☐ Change GUS STEPHAS 6148 LEE HIGHWAY, SUITE 300 GIMPLE, RONALD S NAME NAME STREET ADDRESS STREET ADDRESS 6148 LEE HIGHWAY, SUITE 300 CITY-ST-ZIP CHATTANOOGA, TN

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 reserver or trustee empowered 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 attachment with an address, with all other like empowered.

SIGNATURE:

CHATTANOOGA TN 37421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GUS Stephas

4/18/01

(423)855-0001

37421-6511

FILED