

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000000666

1. Entity Name

DEVELOPMENT OPTIONS, INC.



Principal Place of Business

2030 HAMILTON PLACE BLVD.
SUITE 500
CHATTANOOGA, TN 37421-6000 US

Mailing Address

2030 HAMILTON PLACE BLVD.
SUITE 500
CHATTANOOGA, TN 37421-6000 US



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1553523

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000154602
05/05/04-80003-020 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COBD
LEBOVITZ, CHARLES B
2030 HAMILTON PLACE BLVD. SUITE 500
CHATTANOOGA, TN 374216000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCOB
FOY, JOHN N
2030 HAMILTON PLACE BLVD., STE. 500
CHATTANOOGA, TN 374216000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
LEBOVITZ, STEPHEN D
800 SOUTH STREET, SUITE 395
WALTHAM, MA 02453

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
LANDRESS, BEN S
2030 HAMILTON PLACE BLVD., SUITE 500
CHATTANOOGA, TN 374216000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
FULLAM, RONALD L
2030 HAMILTON PLACE BLVD., STE. 500
CHATTANOOGA, TN 374216000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPC
STEPHAS, GUS
2030 HAMILTON PLACE BLVD., STE. 500
CHATTANOOGA, TN 374216000

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gus Stephas, Sr VP/Controller
4/21/04

423/855-0001

Date

Daytime Phone #