2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED Apr 30, 2005 08:00 AM Secretary of State



04112005

No Chg-P

CR2E034 (10/03)

4. FEI Number 62-1553523 Applied For Not Applicable

Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

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

FULLAM, RONALD L

STEPHAS, GUS

SVPC

2030 HAMILTON PLACE BLVD., STE. 500

2030 HAMILTON PLACE BLVD., STE. 500

CHATTANOOGA, TN 374216000

CHATTANOOGA, TN 374216000

DO NOT WRITE IN THIS SPACE

.,			IIN	I HIS SPACE	
	named entity submits this statement for the plons of registered agent.	ourpose of changing its registered office	or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE =	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered Agent sign	nature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	000000347021 04/30/05-80100-010 150.00	
10.	- OFFICERS AND DIREC	CTORS			
TITLE Name Street address City-St-Zip	COBD LEBOVITZ, CHARLES B 2030 HAMILTON PLACE BLVD. SUIT CHATTANOOGA, TN 374216000	E 500			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOB FOY, JOHN N 2030 HAMILTON PLACE BLVD., STE CHATTANOOGA, TN 374216000	. 500			
TITLE NAME STREET ADDRESS CITY-SY-ZIP	PSD LEBOVITZ, STEPHEN D 800 SQUTH STREET, SUITE 395 WALTHAM, MA 02453		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LANDRESS, BEN S 2030 HAMILTON PLACE BLVD., SUIT CHATTANOOGA, TN 374216000	TE 500	IN THIS SPACE		
TITLE	C) (D	• • •			

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: 4

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

IAX MANAGET

rv 4

423/855-0001

,

Davtime Phone #