

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90024 008 ***150.00

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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**

40110117



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
COB CEO D ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VCOB CFO TR D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PSD
LEBOVITZ, STEPHEN D
800 SOUTH STREET, SUITE 395
WALTHAM, MA 024531436** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
COO SRVP ☒ Change ☐ Addition

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: Christopher A. Price Christopher A. Price, Tax Mgr./ 4/20/07 423/855-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Asst. Sec. Date Daytime Phone #