2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # F00000007006 1. Entity Name 05-06-2002 90150 037 ***150.00 RFS LEASING VII, INC. Principal Place of Business Mailing Address 850 RIDGE LAKE BLVD., SUITE 220 850 RIDGE LAKE BLVD., SUITE 220 MEMPHIS TN 38120 MEMPHIS TN 38120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 307 700 4. FEI Number Applied For 62-1837005 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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 FL 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 reinstating) 9. This corporation is eligible to satisfy its Intangible, FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME NAME SOLMSON, ROBERT M 250 Ridge Lake and . Suite 300 STREET ADDRESS STREET ADDRESS 850 RIDGE LAKE BLVD., SUITE 220 CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38120 TITLE TITLE ☐ Delete 850 Ridge Lake Bud. Suite 300 NAME NAME CHURCHEY, RANDALL L STREET ADDRESS STREET ADDRESS 850 RIDGE LAKE BLVD., SUITE 220 CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38120 TITLE _ Delete. TITLE ☐ Addition VSTD NAME NAME LUEBBERS, KEVIN M STREET ADDRESS STREET ADDRESS 850 RIDGE LAKE BLVD., SUITE 220 CITY-ST-ZIE CITY-ST-ZIP MEMPHIS TN 38120 TITLE ☐ Delete ☐ Change Addition McNeill, Elizabeth 850 Ridge Lake Ord, Suite 300 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME

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 receiver 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS