## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000002387

Entity Name: O & M OF TENNESSEE, INC.

FILED Mar 29, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 450 MONTBROOK LANE KNOXVILLE, TN 379192705 **Current Mailing Address: New Mailing Address:** 450 MONTBROOK LANE KNOXVILLE, TN 379192705 FEI Number: 62-1367687 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PLAINES, ANTON L PLAINES, ANTON L 5811 MEMORIAL HIGHWAY, SUITE 205 4400 118TH AVE NORTH TAMPA, FL 33615 #206 CLEARWATER, FL 33762-443 US 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: ANTON L. PLAINES 03/29/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition GARRIGAN, DANIEL F Name: Name: 450 MONTBROOK LANE Address: Address: City-St-Zip: KNOXVILLE, TN 379192705 City-St-Zip: Title: Title: () Delete () Change () Addition RULE, ROBERT W Name: Name: 450 MONTBROOK LANE Address: Address: KNOXVILLE, TN 379192705 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition DORSEY, R. THOMAS Name: Name: 450 MONTBROOK LANE Address: Address: City-St-Zip: KNOXVILLE, TN 379192705 City-St-Zip: Title: ( ) Delete Title: () Change () Addition MCBURNEY, JOHN P Name: Name: Address: 186 CENTER STREET, SUITE 290 Address: City-St-Zip: City-St-Zip: CLINTON, NJ 08809 Title: Title: () Delete (X) Change ( ) Addition PARKER, GARY E Name: Name: PARKER, GARY E 103 NORTH 11TH AVENUE, SUITE 210 Address: 100 WEST ROOSEVELT ROAD BUILD #8 SUITE 202 Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

WHEATON, IL 60187

SIGNATURE:	DANIEL F. GARRIGAN	PD	03/29/2006

City-St-Zip:

ST. CHARLES, IL 60174