

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90053 001 ***150.00

0015957 AB

DOCUMENT # F01000006417

1. Entity Name

TRP ACQUISITION CO.

Principal Place of Business

Mailing Address

~~1 HARVARD STREET, SUITE 201~~ 60 Madison Ave.
~~BROOKLINE MA 02445~~ Memphis, TN
 38103

~~1 HARVARD STREET, SUITE 201~~ 60 Madison Ave.
~~BROOKLINE MA 02445~~ Memphis, TN 38103



2. Principal Place of Business

60 Madison Ave.

3. Mailing Address

60 Madison Ave 7th Floor

City & State

Memphis TN

City & State

Memphis TN

4. FEI Number

04-3577837

Applied For

Not Applicable

Zip

38103

Country

USA

Zip

38103

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **CHERINGTON, CHARLES**
 STREET ADDRESS **1 HARVARD STREET, SUITE 201**
 CITY-ST-ZIP **BROOKLINE MA 02445**

TITLE **V** ☐ Delete
 NAME **PONDER, JOHNNY**
 STREET ADDRESS **60 MADISON AVENUE**
 CITY-ST-ZIP **MEMPHIS TN 38103**

TITLE **S** ☒ Delete
 NAME **BARKER, JOHN**
 STREET ADDRESS **1 HARVARD STREET, SUITE 201**
 CITY-ST-ZIP **BROOKLINE MA 02445**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☒ Addition
 NAME **President Michael Baird**
 STREET ADDRESS **60 Madison Ave, 7th Floor**
 CITY-ST-ZIP **Memphis TN 38103**

TITLE ☐ Change ☒ Addition
 NAME **Secretary Janet DAVIS**
 STREET ADDRESS **60 Madison Ave**
 CITY-ST-ZIP **Memphis, TN 38103**

TITLE ☐ Change ☒ Addition
 NAME **Asst Secretary MARSHA WISE**
 STREET ADDRESS **60 Madison Avenue**
 CITY-ST-ZIP **Memphis, TN 38103**

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.

SIGNATURE:

Marsha Wise
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02
 Date

9014958128
 Daytime Phone #

CR2E034 (9/01)