

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000006471

FILED
Apr 01, 2002 8:00 AM
Secretary of State

Entity Name: TENNSCO CORPORATION

Current Principal Place of Business:

201 TENNSCO DRIVE
DICKSON, TN 37056

New Principal Place of Business:

Current Mailing Address:

PO BOX 1888
DICKSON, TN 32056

New Mailing Address:

FEI Number: 62-0649819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIBRARY INTERIORS OF FLORIDA, INC.
15310 AMBERLY DR., STE 250
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPEYER, STUART
Address: PO BOX 1888
City-St-Zip: DICKSON, TN

Title: V () Delete
Name: EASLEY, MICHAEL
Address: PO BOX 1888
City-St-Zip: DICKSON, TN

Title: STD () Delete
Name: SPEYER, APRIL
Address: 3501 S. 154TH STREET
City-St-Zip: WICHITA, KS

Title: D (X) Delete
Name: SPEYER, ROBERT
Address: 3501 S. 154TH STREET
City-St-Zip: WICHITA, KS

Title: CD () Delete
Name: SPEYER, L D
Address: PO BOX 1888
City-St-Zip: DICKSON, TN

Title: D () Delete
Name: SPEYER, ROBERT
Address: 778 ATLANTIC AVENUE
City-St-Zip: ATLANTA, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MICHAEL EASLEY

VP

04/01/2002

Electronic Signature of Signing Officer or Director

_____ Date