2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# F02000005045

Entity Name: RHODES COLLEGE (TENNESSEE), INC.

Current Principal Place of Business:

2000 NORTH PARKWAY
MEMPHIS, TN 381121690

New Principal Place of Business:

Current Mailing Address:

2000 NORTH PARKWAY
MEMPHIS, TN 381121690

New Mailing Address:

FEI Number: 62-0476301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TROUTT, WILLIAM E
Address: 91 MORNINGSIDE PARK
City-St-Zip: MEMPHIS, TN 38104

Title: V ( ) Delete
Name: BORST, CHARLOTTE
Address: 861 HARBOR VIEW DR.
City-St-Zip: MEMPHIS, TN 38103

Title: S ( ) Delete
Name: HOKANSON RICHEY, MEL
Address: 215 LEMASTER STREET
City-St-Zip: MEMPHIS, TN 38104

Title: T ( ) Delete
Name: BOONE, J. ALLEN JR.
Address: 1889 VINTON
City-St-Zip: MEMPHIS, TN 38104

Title: D ( ) Delete
Name: WILSON, SPENCE L
Address: 5863 GARDEN RIVER COVE
City-St-Zip: MEMPHIS, TN 381202501

Title: D ( ) Delete
Name: MICHALCHECK, WILLIAM
Address: 620 PARK AVENUE
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: DROMPP, MICHAEL
Address: 10563 JARED MICHAEL LANE
City-St-Zip: CORDOVA, TN 38016

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. ALLEN BOONE T 04/27/2009

Electronic Signature of Signing Officer or Director — Date