2004 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

FILED **DOCUMENT # F03000001724** 1. Entity Name 04 NOV 18 PM 12: 46 CORNERSTONE SYSTEMS OF TENNESSEE, INC. SECKETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5101 WHEELIS DRIVE STE. 300 5101 WHEELIS DRIVE STE. 300 MEMPHIS, TN 38117 MEMPHIS, TN 38117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 62-1686354 Not Applicable Žip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. 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 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. I am familiar with, and accept the obligations of registered agent. CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 11/18/2004 SIGNATURE m Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. С TITLE ☐ Change ☐ Addition TITLE ☐ Delete RODELL, RICK NAME 800043098058 5101 WHEELIS DRIVE STE. 300 STREET ADDRESS STREET ADDRESS 12/01/04--01027--021 **750.00 CITY-ST-ZIP MEMPHIS, TN 38117 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE CLAY, TIM NAME 5101 WHEELIS DRIVE STE. 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MEMPHIS, TN 38117 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change RODELL, KAREN NAME NAME 5101 WHEELIS DRIVE STE. 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MEMPHIS, TN 38117 CITY-ST-ZIP CFO Pat Nieman Change X Addition TITLE ☐ Delete TITLE NAME NAME 5101 Wheelis Drive, Suite 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Memphis. ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7/P 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.