

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90099 005 ***150.00

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1. Entity Name
OGLETREE, DEAKINS, NASH, SMOAK & STEWART, P.C.



Principal Place of Business
300 NORTH MAIN STREET
GREENVILLE, SC 29601

Mailing Address
P.O. BOX 167
GREENVILLE, SC 29602

40075865



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

57-1044820

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMAIO, DAVID M
701 BRICKELL AVENUE
SUITE 2020
MIAMI, FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☐ Delete
NAME GEDDIE, L. GRAY JR.
STREET ADDRESS 300 NORTH MAIN STREET
CITY-ST-ZIP GREENVILLE, SC 29601

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

TITLE VP ☒ Delete
NAME SMITH, ARTHUR B JR.
STREET ADDRESS 20 SOUTH CLARK STREET, 25TH FL, #2
CITY-ST-ZIP CHICAGO, IL 60603

TITLE ☐ Change ☒ Addition
NAME VPD
STREET ADDRESS Ebert, Kim F.
CITY-ST-ZIP 111 Monument Circle, Suite 4600
Indianapolis, IN 46204

TITLE S ☐ Delete
NAME DANIEL, JOEL A
STREET ADDRESS 300 NORTH MAIN STREET
CITY-ST-ZIP GREENVILLE, SC 29601

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS Daniel, Joel A.
CITY-ST-ZIP 300 North Main Street
Greenville, SC 29601

TITLE TD ☒ Delete
NAME CAMPBELL, MARGARET H
STREET ADDRESS 600 PEACHTREE STREET, NE, SUITE 2100
CITY-ST-ZIP ATLANTA, GA 30309

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Daniel, J. Howard
CITY-ST-ZIP 300 North Main Street
Greenville, SC 29601

TITLE D ☒ Delete
NAME STEWART, J. HAMILTON III
STREET ADDRESS 300 NORTH MAIN STREET
CITY-ST-ZIP GREENVILLE, SC 29601

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Prophete, Donald S.
CITY-ST-ZIP 4717 Grand Avenue, Suite 300
Kansas City, MO 64112

TITLE D ☐ Delete
NAME FRAZIER, KEITH D
STREET ADDRESS SUNTRUST CENTER, SUITE 800
CITY-ST-ZIP NASHVILLE, TN 37219

TITLE ☒ Change ☐ Addition
NAME TD
STREET ADDRESS Frazier, Keith D.
CITY-ST-ZIP 424 Church St., Suite 800
Nashville, TN 37219

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

SIGNATURE:

H. Wayne Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08
Date

864-24-1900
Daytime Phone #