

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90156 035 ***150.00

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04072005 Chg-P CR2E034 (10/03)

4. FEI Number **62-1003877** Applied For ☐ Not Applicable

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. 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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CONNER, W. STEPHEN	
STREET ADDRESS	1000 RIDGEWAY LOOD RD, 4TH FLOOR	
CITY-ST-ZIP	MEMPHIS, TN 35120	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOKE, JEREMY D	
STREET ADDRESS	1000 RIDGEWAY LOOD RD, 4TH FLOOR	
CITY-ST-ZIP	MEMPHIS, TN 35120	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESBITT, RICHARD D	
STREET ADDRESS	1000 RIDGEWAY LOOD RD, 4TH FLOOR	
CITY-ST-ZIP	MEMPHIS, TN 35120	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'BRIEN, PATRICK R	
STREET ADDRESS	1000 RIDGEWAY LOOD RD, 4TH FLOOR	
CITY-ST-ZIP	MEMPHIS, TN 35120	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	ESTOK, GEORGE	
STREET ADDRESS	1000 RIDGEWAY LOOD RD, 4TH FLOOR	
CITY-ST-ZIP	MEMPHIS, TN 35120	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	SEYMOUR, RONALD W	
STREET ADDRESS	1000 RIDGEWAY LOOD RD, 4TH FLOOR	
CITY-ST-ZIP	MEMPHIS, TN 35120	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH P. GIGLIOTTI	
STREET ADDRESS	1166 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	ASSISTANT TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN FARRELL	
STREET ADDRESS	1166 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	

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.

SIGNATURE: JOSEPH P. GIGLIOTTI 4/15/2005 948-2061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #