


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2005 90163 045 \*\*\*150.00

<b>DOCUMENT # F04000006796</b> 1. Entity Name <b>SUMMIT GLOBAL PARTNERS OF MEMPHIS, INC.</b>			
Principal Place of Business <b>5050 POPLAR AVENUE, SUITE 2002 MEMPHIS, TN 38157</b>		Mailing Address <b>1445 ROSS AVENUE, SUITE 4200 DALLAS, TX 75202</b>	
2. Principal Place of Business <b>555 Pleasantville Rd</b> Suite, Apt. #, etc. <b>Suite 160 South</b> City & State <b>Briarcliff Manor NY</b> Zip <b>10510</b>		3. Mailing Address <b>555 Pleasantville Rd</b> Suite, Apt. #, etc. <b>Suite 160 South</b> City & State <b>Briarcliff Manor NY</b> Zip <b>10510</b>	
4. FEI Number <b>63-1244110</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCFO PAN, C. JEFF 1445 ROSS AVENUE, SUITE 4200 DALLAS, TX 75202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr Vice President C. Jeff Pan 1445 Ross Ave, Ste 4200 Dallas TX 75202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, JOHN W 1445 ROSS AVENUE, SUITE 4200 DALLAS, TX 75202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David L Eslick 555 Pleasantville Rd, Ste 160 S Briarcliff Manor, NY 10510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP PAYLOR, KENNETH 5050 POPLAR AVENUE, SUITE 2002 MEMPHIS, TN 38157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice President Paylor, Kenneth 5050 Poplar Ave, Ste 2002 Memphis TN 38157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS BOWMAN, STEPHANIE D 1445 ROSS AVENUE, SUITE 4200 DALLAS, TX 38157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice President Stephanie Bowman 1445 Ross Ave, Ste 4200 Dallas TX 75202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MORELAND, GEORGE M III 5050 POPLAR AVENUE, SUITE 2002 MEMPHIS, TN 38157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JENNINGS, SHERRY 5050 POPLAR AVENUE, SUITE 2002 MEMPHIS, TN 38157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-20-05</b>	
Daytime Phone #			