2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# F07000003794

Entity Name: M&A SUPPLY COMPANY OF TN

Current Principal Place of Business:

100 ABERDEEN LOOP
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

1101 KERMIT DR SUITE 700
NASHVILLE, TN 37217

New Mailing Address:

FEI Number: 62-0802644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOOD, PAUL
100 ABERDEEN LOOP
PANAMA CITY, FL 32405 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: ANDERSON, EDWIN
Address: 1101 KERMIT DR SUITE 700
City-St-Zip: NASHVILLE, TN 37217

Title: P ( ) Delete
Name: ANDERSON, EDDIE
Address: 1101 KERMIT DR SUITE 700
City-St-Zip: NASHVILLE, TN 32405

Title: VP ( ) Delete
Name: YATES, ROGER
Address: 1101 KERMIT DR SUITE 700
City-St-Zip: NASHVILLE, TN 32405

Title: S ( ) Delete
Name: WILLIAMS, AUTUMN
Address: 1101 KERMIT DR SUITE 700
City-St-Zip: NASHVILLE, TN 32405

Title: T ( ) Delete
Name: WILLIAMS, AUTUMN
Address: 1101 KERMIT DR SUITE 700
City-St-Zip: NASHVILLE, TN 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: ANDERSON, EDWIN
Address: 1101 KERMIT DR SUITE 700
City-St-Zip: NASHVILLE, TN 37217

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

SIGNATURE: AUTUMN WILLIAMS S 02/18/2009

Electronic Signature of Signing Officer or Director — Date