

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001593

Entity Name: W. D. SCHOCK CO., INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

1420 DONELSON PIKE
SUITE A-18
NASHVILLE, TN 37217 US

New Principal Place of Business:

Current Mailing Address:

1420 DONELSON PIKE
SUITE A-18
NASHVILLE, TN 37217 US

New Mailing Address:

FEI Number: 62-1435912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASLEY, LEIGH TANNEY
7336 PALOMINO TRAIL
SARASOTA, FL 34242 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: EVP () Delete
Name: LASLEY, LEIGH T
Address: 7336 PALOMINO TRAIL
City-St-Zip: SARASOTA, FL 34242

Title: S () Delete
Name: SCHOCK, JANET R
Address: 1420 DONELSON PIKE SUITE A-18
City-St-Zip: NASHVILLE, TN 37217

Title: SVP () Delete
Name: WELLS, MELISSA H
Address: 1420 DONELSON PIKE SUITE A-18
City-St-Zip: NASHVILLE, TN 37217

Title: VP () Delete
Name: MORRIS, HARRIS
Address: 510 HARDAGE FARM DRIVE
City-St-Zip: MARIETTA, GA 30064

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: P () Change (X) Addition
Name: SCHOCK, WILLIAM D
Address: 1420 DONELSON PIKE, SUITE A-18
City-St-Zip: NASHVILLE, TN 37217

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: MELISSA H. WELLS

SVP

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date