DOCUMENT # F9300005426  1. Entity Name IPN SERVICES, INC.					Apr 04, 2001 8:00 am Secretary of State 04-04-2001 90023 049 ***150.00			
Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203		Mailing Address P.O. BOX 750 ATTN: TAX NASHVILLE TN 37202 US			C0041552			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 6	2-1358589	<del></del>	pplied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Stat	us Desired 🔲	¢0.75	ditional
	6. Name and Address of Current R	egistered Agent		7.	Name and Addre	ss of New Registe	red Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301			Street A	Address (P.O. I	Box Number is No	t Acceptable)		
IALI	ANASSEE FL 32301		City		<del></del>		FL Zip Coo	de
Tax filing	Signature, typed or printed name of registered agent an pration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)		-	.00 550.00	10. Election C	ampaign Financing		00 May Be
	OFFICERS AND D	<u> </u>			DITIONS (CHANG	GES TO OFFICERS	AND DIRECTOR	Q IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACKWOOD, DORA A ONE PARK PLAZA NASHVILLE TN 37203	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS 8	DDITIONS/CHANG	SES TO OFFICERS	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HINTON, JAMES D ONE PARK PLAZA NASHVILLE TN 37203	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS David I One Park Nashvii		03	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GEORGE, V C ONE PARK PLAZA NASHVILLE TN 37203	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	One Park	e Moore, T L Plaza 1/2 TN 37:		☐ Change	X Addition ∫
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUP R.M. Ho One Par	on Johnso k Plaza lle TN 37	N	☐ Change	<b>⊠</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VPS John M One Par	Franck I K Plaza HeTN 37	I	☐ Change	<b>▼</b> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>		☐ Change	Addition
!	certify that the information supplied with the on this report or supplied report is poration or the reserver or trustee emany.	his filing does not qualify for the and accurate and that my ered to execute this report as		ted in Section ave the same l opter 607, Florid	119.07(3)(i), Floric legal effect as if m da Statutes; and t	da Statutes. I furthen nade under oath; th hat my name appe	r certify that the in at I am an officer ars in Block 11 or	nformation or director Block 12 if

2001 UNIFORM BUSINESS REPORT (UBR)

with all other like empowered.

David Denson

Assistant Secretary