

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000000573 (5)

1. Corporation Name

CORRECTIONS PARTNERS, INC.



Principal Place of Business

1900 CHURCH ST.  
SUITE 400  
NASHVILLE TN 37203

Mailing Address

1900 CHURCH ST.  
SUITE 400  
NASHVILLE TN 37203

2. Principal Place of Business

21 102 Woodmont Blvd  
Suite, Apt. #, etc.

22 800

23 Nashville, TN  
City & State

24 37205 25 USA  
Zip Country

2a. Mailing Address

26 102 Woodmont Blvd  
Suite, Apt. #, etc.

27 800

28 Nashville, TN  
City & State

29 37205 30 USA  
Zip Country

3. Date Incorporated or Qualified  
02/07/1994

3a. Date of Last Report  
05/01/1995

4. FEI Number  
62-1518487

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BUCHANAN SR, ROBERT A  
15601 GULF BOULEVARD  
ST PETERSBURG FL 33601

10. Name and Address of New Registered Agent

81 Name CT Corporation System  
82 Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Rd  
83  
84 City Plantation FL 85 Zip Code 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Dale Morris, Dale W. Morris, Asst. Vice President

(NOTE: Registered Agent signature required when reinstating)

2-16-96

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME BUCHANAN, ROBERT A  
STREET ADDRESS 4600 MADISON AVE. STE. 400  
CITY-ST-ZIP KANSAS CITY MO 64112

TITLE DV ☒ DELETE  
NAME UNGER, CINDIE A  
STREET ADDRESS 4600 MADISON AVE., STE. 400  
CITY-ST-ZIP KANSAS CITY MO 64112

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Doctor R. Crants  
1.3 STREET ADDRESS 102 Woodmont Blvd, #800  
1.4 CITY-ST-ZIP Nashville, TN 37205

2.1 TITLE Vice President ☒ Change ☐ Addition  
2.2 NAME Darrell K. Messingale  
2.3 STREET ADDRESS 102 Woodmont Blvd, #800  
2.4 CITY-ST-ZIP Nashville, TN 37205

3.1 TITLE Vice President ☒ Change ☐ Addition  
3.2 NAME ALAN L. WEENICK  
3.3 STREET ADDRESS 1900 Church St #400  
3.4 CITY-ST-ZIP NASHVILLE, TN 37203

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alan Weenick

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2/8/96 (615) 320-9900

Date Daytime Phone #

CR2E034 (12/95)