2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # F9400001267 1. Entity Name SHOLODGE, INC. | | | | | Secretary of State 01-29-2002 90036 017 ***150.00 | | | |
|--|---|--|-----------------------|--|--|--|-----------------------------|--|
| 130 MAPLE | ce of Business DRIVE NORTH VILLE TN 37075 | Mailing Address 130 MAPLE DRIVE NORTH HENDERSONVILLE TN 37075 | | | | | | |
| | | | | | | | | |
| 2. Principal I | Place of Business | 3. Mailing Address | | | I FADRERA CINA FARRI GIARA BARRI ADRIA RA | ili ab iri abibi (1 810 [4 84] | 4 8filië 10 0 f 1001 | |
| Suite, Apt | . #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | | 4. FEI Number 62-1015641 | | pplied For ot Applicable | |
| Zip | Country | Zip | Country | ! | 5. Certificate of Status Desired | \$8.75 Add | ditional | |
| | 6. Name and Address of Current Re | gistered Agent | | | . Name and Address of New Regis | · | I.G. | |
| OT CORROBITION OVOTER | | | | Name | | | | |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | Stree | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| PLANTAT | 10N FL 33324 | | City | | | | - | |
| | | | City | | , | FL Zip Cod | e | |
| 8. The above | e named entity submits this statement for th | e purpose of changing its r | egistered offic | e or registered | agent, or both, in the State of Florida. | | | |
| SIGNATURE | Signature, typed or printed name of registered agent and to | itle if applicable. (NOTE: | Registered Agent s | gnature required who | en (einstating) | DATE | | |
| 9 This corn | oration is eligible to satisfy its Intangible | FILE NOW!!! | | | | | | |
| Tax filing requirement and elects to do so After May 1, 2002 | | | 2 Fee will be | \$550.00 | Election Campaign Financial Trust Fund Contribution. | ng \$5.0 □ Added | 0 May Be | |
| | ria on back) | Make Check Payable | | | | | | |
| 11. | OFFICERS AND DIF | RECTORS Delete | 12. | lv | ADDITIONS/CHANGES TO OFFICER | | S IN 11 X Addition | |
| NAME | MOORE, LEON | □ Delete | NAME | l' | JAMES | ☐ Change | A AGURION | |
| STREET ADDRESS | 130 MAPLE DRIVE NORTH | | STREET ADDRE | | PLE DRIVE NORTH | | | |
| CITY-ST-ZIP | HENDERSONVILLE TN 37075 | | CITY-ST-ZIP | HENDER | SONVILLE IN 37075 | | | |
| TITLE NAME | VD | ☐ Delete | TITLE | V CDEENB | ERG, BENNETT M | ☐ Change | X Addition | |
| STREET ADDRESS | JOHNSON, RICHARD L 130 MAPLE DRIVE NORTH | | NAME STREET ADDRE | | PLE DRIVE NORTH | | | |
| CITY-ST-ZIP | HENDERSONVILLE TN 37075 | | CITY-ST-ZIP | | SONVILLE TN 37075 | | | |
| TITLE | STD | ☐ Delete | TITLE | ٧ | | ☐ Change | X Addition | |
| NAME | MARLOWE, BOB | | NAME | 1 | I, MARTIN | | | |
| STREET ADDRESS CITY-ST-ZIP | 130 MAPLE DRIVE NORTH | | STREET ADDRE | | PLE DRIVE NORTH | | | |
| TITLE | HENDERSONVILLE TN 37075 VD | ☑ Delete | TITLE | HENDER | SONVILLE, TN 37075 | ☐ Change | Addition | |
| NAME | BIRDWELL, STEVEN P | t ∡ j Delete | NAME | SANDER | S, MICHAEL S | Change | X Addition | |
| STREET ADDRESS | 130 MAPLE DRIVE NORTH | | STREET ADDRES | | PLE DRIVE NORTH | | | |
| CITY-ST-ZIP | HENDERSONVILLE TN 37075 | | CITY-ST-ZIP | HENDER | SONVILLE, TN 37075 | | | |
| TITLE | V | ☐ Delete | TITLE | D | . HADT II | ☐ Change | Addition | |
| NAME STREET ADDRESS | BUTTOLPH, JOHN C 130 MAPLE DRIVE NORTH | | NAME STREET ADDRES | | A, EARL H OS REED DRIVE | | { | |
| CITY-ST-ZIP | HENDERSONVILLE TN 37075 | | CITY-ST-ZIP | D . | LLE TN 37210 | | | |
| TITLE | D | ☐ Delete | TITLE | D | ULLIC III UUU. | Change | ★ Addition | |
| NAME | MOSKOVITZ, HELEN | | NAME | | DAVID M | | | |
| STREET ADDRESS | 95 WHITE BRIDGE ROAD | | STREET ADDRES | | URCH ST., SUITE 200 | | | |
| CITY-ST-ZIP | NASHVILLE TN 37205 | for a large | CITY-ST-ZIP | NASHVI | | | | |
| indicated of the cor | certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower | e and accurate and that my red to execute this report as | r signature sha | ll have the sam | ie legal effect as if made under oath: t | that I am an officer i | or director | |
| changed, | or on an attachment with an address, with | all other like empowered. | | | | | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-00

615-264-8000