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Jun 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004278

1. Corporation Name
DT MANAGEMENT, INC.

Principal Place of Business

755 CROSSOVER LANE
 MEMPHIS TN 38117-900
 US

Mailing Address

755 CROSSOVER LANE
 MEMPHIS TN 38117-900
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/17/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		86-0594279	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEHER, RICHARD M	1.2 NAME	Stevan D. Porter
STREET ADDRESS	755 CROSSOVER LANE	1.3 STREET ADDRESS	755 Crossover Lane
CITY-ST-ZIP	MEMPHIS TN 38117-4900	1.4 CITY-ST-ZIP	Memphis, TN 38117
TITLE	VPTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEUCK, DAVID A.	2.2 NAME	Dan L. Hale
STREET ADDRESS	410 N. 44TH STREET, STE 700	2.3 STREET ADDRESS	755 Crossover Lane
CITY-ST-ZIP	PHOENIX AZ 85008	2.4 CITY-ST-ZIP	Memphis, TN 38117
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLOEMER, KRISTIN S	3.2 NAME	J. Kendall Huber
STREET ADDRESS	410 N. 44TH STREET, STE 700	3.3 STREET ADDRESS	755 Crossover Lane
CITY-ST-ZIP	PHOENIX AZ 85008	3.4 CITY-ST-ZIP	Memphis, TN 38117
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	M. Ronald Halpern
STREET ADDRESS		4.3 STREET ADDRESS	755 Crossover Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Memphis, TN 38117
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	William S. Harrison
STREET ADDRESS		5.3 STREET ADDRESS	755 Crossover Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Memphis, TN 38117
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VASD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Peter H. Kesser
STREET ADDRESS		6.3 STREET ADDRESS	755 Crossover Lane
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Memphis, TN 38117

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

W. R. Harris
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

901-374-5000

DT MANAGEMENT, INC.
FEDERAL ID#: 86-0594279

573621-90016-16
F94000004278

PRIMARY BUSINESS ADDRESS: 755 CROSSOVER LANE
MEMPHIS, TENNESSEE 38117

DIRECTORS:

J. KENDALL HUBER
PETER H. KESSER
STEVEN D. PORTER

OFFICERS:

STEVAN D. PORTER
DAN L. HALE
J. KENDALL HUBER
M. RONALD HALPERN
WILLIAM S. HARRISON
PETER H. KESSER
R. BRYAN MULROY, JR.
W. STEVEN STANDEFER

PRESIDENT
EXE. VICE PRESIDENT
EXE. VICE PRESIDENT/SECRETARY
SR. VICE PRESIDENT & ASST. SECRETARY
SR. VICE PRESIDENT/TREASURER/ASST. SECRETARY
VICE PRESIDENT/ ASST. SECRETARY
VICE PRESIDENT & ASST. TREASURER
VICE PRESIDENT & ASST. TREASURER