## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 16, 2001 8:00 am Secretary of State DOÇUMENT # F94000004278 1. Entity Name 05-16-2001 90183 023 \*\*\*150.00 DT MANAGEMENT, INC. Principal Place of Business Mailing Address 755 CROSSOVER LANE 9336 CIVIC CENTER DR. ロリリコイととお MEMPHIS TN 38117-900 BEVERLY HILLS CA 90210 US 2. Principal Place of Business 3. Mailing Address 9.336 CNICCENTERD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 86-0594279 BEVERLY Not Applicable Country Zio. \$8.75 Additional 5.-Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ddition TITI F ☐ Change TITLE 🔼 Delete PRESIDENT DIRECTOR KELLEHER, RICHARD M NAME NAME STEVAN D. PORTER & STREET ADDRESS 755 CROSSOVER LANE STREET ADDRESS CITY-ST-ZIP BENERLY HILLS, CA 90210 CITY-ST-ZIP MEMPHIS TN 38117-4900 VPTD ☐ Change Addition TITLE SVP TITLE Delete HEUCK, DAVID A. NAME MARIEL C. ALBRECHT STREET ADDRESS 410 N. 44TH STREET, STE 700 STREET ADDRESS 9336 CIVIC CENTER DA CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ 85008 BEVERLY HILLS, CA 9000 **(**1) Delete TITLE TITLE EUP ATREA SURER SCHLOEMER, KRISTIN S CARLOS GARCHA NAME NAME 9336 CIVIC CENTER DR STREET ADDRESS 410 N. 44TH STREET, STE 700 STREET ADDRESS CITY-ST-ZIP PHOENIX AZ 85008 CITY-ST-ZIP BEVERLY HIUS CA 90210 VP+*SECRETARY* ☐ Delete TITLE Change Addition TITLE NAME M. HUE SMITH IL NAME STREET ADDRESS 9334 CIVIC CENTER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BEVERLY HULS OA 90210 YP+ ASST SECRETARY - Delete ☐ Change ✓ Addition TITLE K-AUGN ANDERSON NAME NAME 9336 CIVIC CENTER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, w all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

PRINTED NAME OF SIGNING OFFICER

Millie Smith.III

CR2E034 (10/00)