FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -7 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005615 (9)**

1. Corporation Name
BVT INSTITUTIONAL INVESTMENTS, INC.

Principal Place of Business	Mailing Address
424 CHURCH ST. SUITE 1200 NASHVILLE TN 37219	424 CHURCH ST. SUITE 1200 NASHVILLE TN 37219

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/28/1994**
3a. Date of Last Report: **10/28/94**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: **P.O. Box 198409**
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: **Nashville, TN**
Zip — 24:
Country — 25:
Zip — 29: **37219-8409**
Country — 30: **USA**

4. FEI Number: **62-1581316** ☐ 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

C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
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 **FL** 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HIMELRICK, JAMES E JR	1.2 NAME	
STREET ADDRESS	424 CHURCH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37219	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, BERNADETTE J	2.2 NAME	
STREET ADDRESS	424 CHURCH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37219	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	SILVERTOOTH, ANGY	3.2 NAME	
STREET ADDRESS	424 CHURCH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37219	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	CUMMINGS, J. GREER JR	4.2 NAME	
STREET ADDRESS	414 UNION ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37219	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	VON SCHARFENBERG, HARALD	5.2 NAME	
STREET ADDRESS	GUNDELINDENSTRASSE 2	5.3 STREET ADDRESS	
CITY-ST-ZIP	FEDERAL REPUBLIC OF GERMANY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, added or deleted.

SIGNATURE: J. Himelrick **James E. Himelrick, Jr., Pres.** **3/3/95** **615-255-3181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — (Area Code & Daytime Phone Number)

0466120 FP