

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000641

FILED
Apr 20, 2011
Secretary of State

Entity Name: SOUTHEAST SERVICE CORPORATION OF TENNESSEE

Current Principal Place of Business:

1845 MIDPARK RD
KNOXVILLE, TN 37921 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 52370
KNOXVILLE, TN 379502370 US

New Mailing Address:

2400 YORKMONT ROAD
C/O TAX DEPT
CHARLOTTE, NC 28217 US

FEI Number: 62-1101779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DVPT
Name: DANIEL, GATTI
Address: 955 CHESTERBROOK BLVD
City-St-Zip: WAYNE, PA 19087

Title: CD
Name: ROBERT, KUTTEH
Address: 955 CHESTERBROOK BLVD
City-St-Zip: WAYNE, PA 19087

Title: VPAS
Name: BROWN, C PALMER
Address: 2400 YORKMONT ROAD
City-St-Zip: CHARLOTTE, NC 28217

Title: AS
Name: DONOVAN, JOHN A.
Address: 1845 MIDPARK RD
City-St-Zip: KNOXVILLE, TN 37921

Title: S
Name: VICTORIA, SHISLER
Address: 955 CHESTERBROOK BLVD
City-St-Zip: WAYNE, PA 19087

Title: AS
Name: RICHARD, ROSSITCH
Address: 2400 YORKMONT ROAD
City-St-Zip: CHARLOTTE, NC 28217

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: C PALMER BROWN

VPAS

04/20/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date