

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000000730 (0)

1. Corporation Name
CO-OPERATIVE RETIREMENT SERVICES OF AMERICA, INC

Principal Place of Business

6075 POPLAR AVENUE, SUITE 600
MEMPHIS TN 38119

Mailing Address

6075 POPLAR AVENUE, SUITE 600
MEMPHIS TN 38119-4702

3. Date Incorporated or Qualified

02/14/1995

3a. Date of Last Report

07/02/1996

4. FEI Number

62-1398438

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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 required for each of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME WADE, EARL
STREET ADDRESS 6075 POPLAR AVENUE SUITE 600
CITY- ST- ZIP MEMPHIS TN 38119

TITLE VCAO ☐ DELETE

NAME SATAVA, MARTIN
STREET ADDRESS 6075 POPLAR AVENUE SUITE 600
CITY- ST- ZIP MEMPHIS TN 38119

TITLE VCFO ☐ DELETE

NAME CANNON, BRUCE
STREET ADDRESS 6075 POPLAR AVENUE SUITE 600
CITY- ST- ZIP MEMPHIS TN 38119

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MANAGING DIRECTOR ☐ Change ☒ Addition

1.2 NAME ED CROUCH
1.3 STREET ADDRESS 6075 POPLAR AVENUE, SUITE 600
1.4 CITY- ST- ZIP MEMPHIS, TN 38119

2.1 TITLE SENIOR V.P.- DEVELOPMENT ☐ Change ☒ Addition

2.2 NAME ALBERT CARRUTHERS
2.3 STREET ADDRESS 6075 POPLAR AVENUE, SUITE 600
2.4 CITY- ST- ZIP MEMPHIS, TN 38119

3.1 TITLE EXECUTIVE V.P.- OPERATIONS ☐ Change ☒ Addition

3.2 NAME RON RUKSTAD
3.3 STREET ADDRESS 6075 POPLAR AVENUE, SUITE 600
3.4 CITY- ST- ZIP MEMPHIS, TN 38119

4.1 TITLE EXECUTIVE V.P. - MARKETING ☐ Change ☒ Addition

4.2 NAME ED O'GORMAN
4.3 STREET ADDRESS 6075 POPLAR AVENUE, SUITE 600
4.4 CITY- ST- ZIP MEMPHIS, TN 38119

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-97

901-685-5350

CR2E034 (9/96)