**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000000730

1. Corporation Name

CO-OPERATIVE RETIREMENT SERVICES OF AMERICA, INC

,				
Principal Place of	of Business	Mailing Address		
6075 POPLAR AVI MEMPHIS TN 381		6075 POPLAR AV MEMPHIS TN 381	/enue. Suite 600	DO NOT WRI
				3. Date Incorporated or Qualifed 02/14/1995
2. Principal Place	ce of Business	2a. Mailing Add	ress	4. FEI Number 62-1398438
Suite, Apt. #,	etc.	Suite, Apt. #	, etc.	5. Certifcate of Status Desired
City & State	•	City & State		Election Campaign Financing     Trust Fund Contribution
Zip	Country 25	Zip	Country 30	This corporation owes the current     Personal Property Tax.
	9. Name and Address of Cu		10. Name and Address of New I	
CORP	ORATION SERVICE COMP	ANY	81 Name	Address (D.O. Day Nigether in Not Accept

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90023 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

Fee Required \$5.00 May Be

Not Applicable \$8:75-Additional

Zip   Country   Zip   Country   Zip   Country   8. This corporation owes the current year Intanglible   Personal Property Tax.   Yes   No	3		28			Trust Fund Condition	ution	70000 2	2,000
9. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301  83  84 City  FL  85 Street Address (P.O. Box Number is Not Acceptable)  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 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, 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, and manufactured agent, and manufactured agent and title if appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505; Florida Statutes, Florida Statutes, Street Address (P.O. Box Number is Not Acceptable)  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 register of difference of the purpose of change its register agent. I am familiar with, and accept the obligations of, Section 607.0505; Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register affects. I have been considered by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505; Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register defended by the corporation's board of directors. I hereby accept the appointment as registered Agent and the financial statutes, the above-named corporation submits this statement for the purpose of changing its register defended by the corporation's board of directors. I hereby accept the appointment as registered Agent and the financial statutes, the above-named corporation submits this statement for the pu		Country	Zip	Count	ry	8. This corporation ov	es the current year Inte		
CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301  82 Street Address (P.O. Box Number is Not Acceptable)  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 register 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, or an familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, to an familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1 TITLE   OCAPE   DELETE   1.1 TITLE   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1 STREET ADDRESS	4	25	29	30		<del></del>			∐No
CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301  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 register 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Suprature, typed or printed name of registered agent and stile if applicable OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE PCEO WADE, EARL 12. NAME STREET ADDRESS OFFIS OPPLAR AVENUE SUITE 600 13. STREET ADDRESS OFFIS OPPLAR AVENUE SUITE 600 13. STREET ADDRESS OFT ST.2P MEMPHIS TN 38119 14. CITY-ST-2P VCFO DELETE 13. ITTLE CANNON, BRUCE 32. NAME 34. CITY-ST-2P 44. CITY-ST-2P 45. DELETE 45. TITLE 46. CITY-ST-2P 46. CITY-ST-		9. Name and Address of Current F	Registered Agent		<del>-</del> -	10. Name and Addres	s of New Registered	Agent	
TALLAHASSEE FL 32301  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 register 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 agent agent and the Proprietor of 07.0505, Florida Statutes.  SIGNATURE  Signature, Speed or primed name of registered agent and title if incident in the proprietor of the proprietor as registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  WADE, EARL  12 NAME  WADE, EARL  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  14. CITY. ST. ZIP  TITLE  WADE, AND INTERESTADORESS (CITY. ST. ZIP  TITLE  VCAO  SATAVA, MARTIN  22 NAME  STREET ADDRESS  6075 POPLAR AVENUE SUITE 600  CHANGES TO SELETE  13. TITLE  CANNON, BRUCE  32 NAME  VCFO  CANNON, BRUCE  33 TITLE  VCFO  CANNON, BRUCE  33 TITLE  CANNON, BRUCE  31 TITLE  CANNON, BRUCE  31 TITLE  CANNON, BRUCE  33 TITLE  CANNON, BRUCE  34 TITLE  CANNON, BRUCE  35 TREET ADDRESS  MEMPHIS TN 38119  TITLE  CANNON, BRUCE  31 TITLE  CANNON, BRUCE  31 TITLE  CANNON, BRUCE  32 NAME  33 TITLE CANNON, BRUCE  34 TITLE  CANNON, BRUCE  45 TITLE  CANNON, BRUCE  47 TITLE  CANNON, BRUCE  CANNON, BRUCE  34 TITLE  CANNON, BRUCE  35 TREET ADDRESS  COT'S FOPLAR AVENUE SUITE 600  MEMPHIS TN 38119  TITLE  CROUCH, ED  GO75 POPLAR AVENUE SUITE 600  MEMPHIS TN 38119  TITLE  CROUCH, ED  GO75 POPLAR AVENUE SUITE 600  MEMPHIS TN  44 CITY. ST. ZIP  CHANGES	CORPORATION SERVICE COMPANY 1201 HAYES STREET			L		ess (P.O. Box Number is	Not Acceptable)		
## PL   11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named 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				8	3		· · · · · · · · · · · · · · · · · · ·		
## PL   11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named 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									
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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and site if applicable.   (NOTE: Registered Agent signature required when ministating)   DATE				-	' '			.	_
Signature, Yoped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   OATE	office or r	edistered agent, or both, in the State of	Florida, Such change was a	authorized b	v the corporation	oration submits this stater n's board of directors. I h	nent for the purpose of ereby accept the appoi	changing its ntment as re	registered gistered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE   PCEO	SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTF	E: Registered Ag	ent signature required	when reinstating)	DATE		
TITLE	12.			13.		ADDITIONS/CHANG	SES TO OFFICERS AN	ID DIRECTO	RS IN 12
NAME STREET ADDRESS 6075 POPLAR AVENUE SUITE 600 1.3 STREET ADDRESS CITY-ST-ZIP MEMPHIS TN 38119 1.4 CITY-ST-ZIP  TITLE VCAO DELETE 21 TITLE CANNON STREET ADDRESS CITY-ST-ZIP MEMPHIS TN 38119 2.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 31 TITLE CANNON, BRUCE 3.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.2 NAME STREET ADDRESS MEMPHIS TN 38119 2.4 CITY-ST-ZIP DELETE 3.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.2 NAME CROUCH, ED 4.2 NAME CROUCH, ED 4.2 NAME STREET ADDRESS MEMPHIS TN 38119 4.4 CITY-ST-ZIP MEMPHIS TN 38119 CROUCH, ED 4.2 NAME STREET ADDRESS MEMPHIS TN 38119 4.4 CITY-ST-ZIP MEMPHIS TN 38119 CROUCH, ED 4.2 NAME STREET ADDRESS MEMPHIS TN 38119 4.4 CITY-ST-ZIP MEMPHIS TN 38119 CROUCH, ED 4.3 STREET ADDRESS MEMPHIS TN 38119 CROUCH ADDRESS MEMPHIS TN 4.4 CITY-ST-ZIP MEMPHIS TN 4.5 Change ADDRESS ADDRESS MEMPHIS TN 4.5 CHANGE ADDRESS A		PCEO	☐ DELETE	1.1 TITLE				Change	☐ Addition
STREET ADDRESS   MEMPHIS TN 38119	NAME	WADE, EARL		1.2 NAM	<u> </u>				ı
A CITY-ST-ZIP		ANTE DODI AD AVENUE CUITE OF	<b>)</b> 0	1.3 STRE	ET ADDRESS				
DELETE				1.4 CITY	-ST-ZIP				
NAME   SATAVA, MARTIN	•	VCAO	☐ DELETE	2.1 TITLE	: "			☐ Change	☐ Addition
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CITY-ST-ZIP			00	2.3 STR	ET ADDRESS				
TITLE	-	1		2.4 CITY	-ST-ŽIP	<b>-</b> ·			
NAME         CANNON, BRUCE         32 NAME           STREET ADDRESS         6075 POPLAR AVENUE SUITE 600         33 STREET ADDRESS           CITY-ST-ZIP         MEMPHIS TN 38119         34. CITY-ST-ZIP           TITLE         D         CHANGE           NAME         CROUCH, ED         4.2 NAME           STREET ADDRESS         6075 POPLAR AVE, STE 600         4.3 STREET ADDRESS           CITY-ST-ZIP         MEMPHIS TN         4.4 CITY-ST-ZIP           TITLE         SVP         DELETE         5.1 TITLE			DELETE					Change	☐ Addition
STREET ADDRESS   6075 POPLAR AVENUE SUITE 600   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP     TITLE   D				3.2 NAM	E				
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NAME   CANTOTTICIO, ALCELTI	NAME	CARRUTHERS, ALBERT		5.2 NAM	Ε .				
STREET ADDRESS 6075 POPLAR AVE, STE 600 5.3 STREET ADDRESS		, · · · · · · · · · · · · · · · · · · ·		5.3 STRE	ET ADDRESS				
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NAME RUKSTAD, RON 62 NAME		- · · ·		6.2 NAM	E				
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CITY-ST-ZIP MEMPHIS TN 6.4 CITY-ST-ZIP		1		6.4 CITY	-ST-ZIP				
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	4.4 liboroby	postify that the information curplied with	this filing does not qualify for	or the exem	ption stated in S	ection 119.07(3)(i), Florid	a Statutes. I further cer	tify that the i	nformation

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, opon an attachment with an address, with all other like empowered.