


07-10-2003 90107 022 ***100.00
 05-07-2003 90142 002 ****50.00

**2003 FOR PROFIT CORPORATION/
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F9500000730		
1. Entity 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
2. Principal Place of Business 3350 Players Club Pkwy Suite 300 Memphis, TN 38125 USA		3. Mailing Address 3350 Players Club Pkwy Suite 300 Memphis, TN 38125 USA
		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES.
4. FEI Number 62-1398438		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____		
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WADE, EARL 6075 POPLAR AVENUE SUITE 600 MEMPHIS, TN 38119 <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCAO SATAVA, MARTIN 6075 POPLAR AVENUE SUITE 600 MEMPHIS, TN 38119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP President Earl Wade 3350 Players Club Pkwy, Suite 300 Memphis, TN 38125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO CANNON, BRUCE 6075 POPLAR AVENUE SUITE 600 MEMPHIS, TN 38119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary Martin Satava 3350 Players Club Pkwy, Suite 300 Memphis, TN 38125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CARRUTHERS, ALBERT 6075 POPLAR AVE, STE 600 MEMPHIS, TN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Bruce Cannon 3350 Players Club Pkwy Suite 300 Memphis, TN 38125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVF RUKSTAD, RON 6075 POPLAR AVE, STE 600 MEMPHIS, TN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: Bruce Cannon BRUCE CANNON		Date 7/1/03 901-685-5350

CR2E034 (10/02)