2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # F95000002491 1. Entity Name POWER MANAGEMENT CORPORATION OF TENNESSEE 01-31-2001 90018 036 ***150.00 Principal Place of Business Mailing Address 1614 17TH AVE. S. 1614 17TH AVE. S. NASHVILLE TN 37212 NASHVILLE TN 37212 **annona** r 2. Principal Place of Business 3. Mailing Address P.O. BOL 121136 1612 17th Ave South Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 62-1533376 Nashville ,TN Nashuille Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 1212 7212 Fee Required USA 7. Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent Name CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 1116-D THOMASVILLE RD. TALLAHASSEE FL 32303 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. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition TITLE ☐ Delete NAME GORE, JOHN M NAME 1612 17th Ave. 5. STREET ADDRESS STREET ADDRESS 1614 17TH AVE. S. CITY-ST-ZIP CITY-ST-7IP NASHVILLE TN 37212 X Addition □ Change TITLE Director TITLE Delete NAME GORE, HELEN Hall , C. Louis STREET ADDRESS STREET ADDRESS 1612 17th Ave. S. 1614 17TH AVE. S. CITY-ST-ZIP CITY-ST-ZIP Nashville, TN 37212 NASHVILLE TN 37212 Secretary Delete TITLE-TITLE NAME NAME Adams, Judson STREET ADDRESS STREET ADDRESS 1612 17th Ave. S. CITY-ST-ZIP CITY-ST-ZIP Nashville, TH 37212 ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.