

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004911

Entity Name: VPI SALES COMPANY

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

1512 SHOLAR AVENUE
CHATTANOOGA, TN 37406

New Principal Place of Business:

Current Mailing Address:

P O BOX 5967
CHATTANOOGA, TN 37406

New Mailing Address:

FEI Number: 62-1653917

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: CASEY, CHARLES F
Address: 1635 EDGEWOOD CIRCLE
City-St-Zip: CHATTANOOGA, TN 37405

Title: D () Delete
Name: CASEY, MARIE E
Address: 1635 EDGEWOOD CIRCLE
City-St-Zip: CHATTANOOGA, TN 37405

Title: VCP () Delete
Name: CASEY, CHARLES F II
Address: 1613 LAYTON LANE
City-St-Zip: SIGNAL MOUNTAIN, TN 37377

Title: VD () Delete
Name: CASEY, JOHN D
Address: 2621 CRESCENT CLUB DR
City-St-Zip: HIXSON, TN 37343

Title: D () Delete
Name: CASEY, THOMAS A
Address: 1306 SHADY CIRCLE
City-St-Zip: CHATTANOOGA, TN 37405

Title: S () Delete
Name: KENT, JONATHAN
Address: 832 GEORGIA AVE, SUITE 1000
City-St-Zip: CHATTANOOGA, TN 37402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: F.D. JOHNSTON

CFO

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date