

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

**FILED**

**Jan 16 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000000631 (8)**  
1. Corporation Name  
**SEDGWICK INVESTMENTS, INC.**



Principal Place of Business <b>1000 RIDGEWAY LOOP ROAD MEMPHIS TN 38120</b>	Mailing Address <b>1000 RIDGEWAY LOOP ROAD MEMPHIS TN 38120</b>
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/04/1997</b>
26	26	4. FEI Number <b>62-1538913</b>
27	27	Applied For Not Applicable
28	28	6. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
29	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
30	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REILLY, MICHAEL J</b>	1.2 NAME	
STREET ADDRESS	<b>1000 RIDGEWAY LOOP ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN 38120</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'DAY, JOHN E</b>	2.2 NAME	<b>Kranon, Gerald J.</b>
STREET ADDRESS	<b>1000 RIDGEWAY LOOP ROAD</b>	2.3 STREET ADDRESS	<b>3 Becker Farm Rd.</b>
CITY-ST-ZIP	<b>MEMPHIS TN 38120</b>	2.4 CITY-ST-ZIP	<b>Roseland, NJ 07068</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, PATTIE J</b>	3.2 NAME	
STREET ADDRESS	<b>1000 RIDGEWAY LOOP ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN 38120</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICKERSON, CARMEN</b>	4.2 NAME	<b>Fleen, William</b>
STREET ADDRESS	<b>1000 RIDGEWAY LOOP ROAD</b>	4.3 STREET ADDRESS	<b>1000 Ridgeway Loop Rd.</b>
CITY-ST-ZIP	<b>MEMPHIS TN 38120</b>	4.4 CITY-ST-ZIP	<b>Memphis TN 38120</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCBRIDE, R M</b>	5.2 NAME	<b>Johnson, Donn A.</b>
STREET ADDRESS	<b>3 BECKER FARM ROAD</b>	5.3 STREET ADDRESS	<b>One Ivybrook Blvd. Suite 101A</b>
CITY-ST-ZIP	<b>ROSELAND NJ 07068</b>	5.4 CITY-ST-ZIP	<b>Warrington, PA 18974</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Jones, David L</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>West 601 Main Suite 1400</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Spokane, WA 99201</b>

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 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: *Pattie Robinson* *Director & Secretary* 1/5/98

CR2E034 (10/97)