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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90083 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000000631**

1. Corporation Name
SEDGWICK INVESTMENTS, INC.

Principal Place of Business
**1000 RIDGEWAY LOOP ROAD
 MEMPHIS TN 38120**

Mailing Address
**1000 RIDGEWAY LOOP ROAD
 MEMPHIS TN 38120**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/04/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
62-1538913

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24

25

29

30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

81 Name
 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	REILLY, MICHAEL J	
STREET ADDRESS	1000 RIDGEWAY LOOP ROAD	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KRANSON, GERALD I	
STREET ADDRESS	3 BECKER FARM RD	
CITY-ST-ZIP	ROSELAND NJ 07068	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROBINSON, PATTIE J	
STREET ADDRESS	1000 RIDGEWAY LOOP ROAD	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, WILLIAM	
STREET ADDRESS	1000 RIDGEWAY LOOP RD	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, DONN A	
STREET ADDRESS	ONEIVBROOK BLVD STE 101A	
CITY-ST-ZIP	WERMASTER PA 18974	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, DAVID L.	
STREET ADDRESS	W 601 MAIN ST1400	
CITY-ST-ZIP	SPOKANE WA 99201	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>None</i>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>James R. Griffin</i>
5.3 STREET ADDRESS	<i>1000 Ridgeway Loop Rd.</i>
5.4 CITY-ST-ZIP	<i>Memphis, TN 38120</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pattie J. Robinson *1/26/99* *981-684-3588*

CR2E034 (1/198)