2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# F97000002793

Entity Name: HOUSE-HASSON HARDWARE COMPANY

Current Principal Place of Business:

3125 WATER PLANT ROAD
KNOXVILLE, TN 37914

New Principal Place of Business:

Current Mailing Address:

3125 WATER PLANT ROAD
KNOXVILLE, TN 37914

New Mailing Address:

FEI Number: 62-0242050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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:	D	( ) Delete
Name:	MARTIN, A D	
Address:	625 S GAY STREET STE 200	
City-St-Zip:	KNOXVILLE, TN 37920	
Title:	PD	( ) Delete
Name:	HASSON, DON C	
Address:	6417 SHERWOOD DR	
City-St-Zip:	KNOXVILLE, TN	
Title:	VSD	( ) Delete
Name:	MCLEAN, DONALD M	
Address:	334 FALLEN OAK CIRCLE	
City-St-Zip:	SEYMOUR, TN 37865	
Title:	T	( ) Delete
Name:	HINES, KENNETH F	
Address:	129 SCENIC DR GRANDVIEW	
City-St-Zip:	MARYVILLE, TN	
Title:	V	( ) Delete
Name:	WINN, GERALD L	
Address:	4725 MCGINNIS ROAD	
City-St-Zip:	CORRYTON, TN	
Title:	D	( ) Delete
Name:	HASSON, JAMES K	
Address:	999 PEACHTREE ST NW	
City-St-Zip:	ATLANTA, GA 303093996	

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:	T	(X) Change ( ) Addition
Name:	HINES, KENNETH F	
Address:	607 ESSEX COURT	
City-St-Zip:	MARYVILLE, TN	
Title:	V	(X) Change ( ) Addition
Name:	WINN, GERALD L	
Address:	125 TRILLIUM DR	
City-St-Zip:	ANDERSONVILL, TN 37705	
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: DON MCLEAN VSD 04/29/2009

Electronic Signature of Signing Officer or Director — Date