

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000005681

1. Entity Name  
COVISTA, INC.



Principal Place of Business  
721 BROAD STREET  
2ND FLOOR  
CHATTANOOGA, TN 37402

Mailing Address  
721 BROAD STREET  
2ND FLOOR  
CHATTANOOGA, TN 37402



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-1658949

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

TCS CORPORATE SERVICES, INC.  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301-0000

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CFO
NAME	PAZERA, FRANK
STREET ADDRESS	721 BROAD ST., 2ND FLR.
CITY-ST-ZIP	CHATTANOOGA, TN 37402
TITLE	D
NAME	LUKEN, HENRY
STREET ADDRESS	721 BROAD STREET
CITY-ST-ZIP	CHATTANOOGA, TN 37402
TITLE	D
NAME	MILLER, JAY
STREET ADDRESS	721 BROAD STREET
CITY-ST-ZIP	CHATTANOOGA, TN 37402
TITLE	PD
NAME	LEACH, JOHN A
STREET ADDRESS	721 BROAD STREET
CITY-ST-ZIP	CHATTANOOGA, TN 37402
TITLE	D
NAME	GENET, LEON
STREET ADDRESS	721 BROAD STREET
CITY-ST-ZIP	CHATTANOOGA, TN 37402
TITLE	D
NAME	ALWARD, KEVIN
STREET ADDRESS	721 BROAD STREET
CITY-ST-ZIP	CHATTANOOGA, TN 37402

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05/09/05-80004-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 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

Date

Daytime Phone #

5/6/05 403-645-9500