

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F98000002381

1. Entity Name  
 NHH, INC.



Principal Place of Business  
 1407 UNION AVE., STE. 400  
 MEMPHIS, TN 38104

Mailing Address  
 1407 UNION AVE., STE. 400  
 MEMPHIS, TN 38104



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 62-1694600	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

HILL, CLARK  
 5111 TAMiami TRAIL N.  
 NAPLES, FL 34103

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COOPER, PACE 1407 UNION AVE., STE. 400 MEMPHIS, TN 38104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOPER, DAVID A 1407 UNION AVE., STE. 400 MEMPHIS, TN 38104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPER, LAURIE A 1407 UNION AVE., STE. 400 MEMPHIS, TN 38104
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U00000847099  
 03/19/08-80005-007 450.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

2/26/08

Date

901-725-4631

Daytime Phone #