

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91077 049 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F98000003567**

1. Entity Name  
**SC OF TENNESSEE, INC.**



Principal Place of Business  
**302 EAST COWAN DRIVE  
HOUSTON, TX 77007**

Mailing Address  
**302 EAST COWAN DRIVE  
HOUSTON, TX 77007**

2. Principal Place of Business  
**13323 Thessaly**  
Suite, Apt. #, etc.

3. Mailing Address  
**13323 Thessaly**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Universal City, TX**

City & State  
**Universal City, TX**

4. FEI Number  
**75-2617400**

Applied For  
☐ Not Applicable

Zip  
**78148**

Country  
**USA**

Zip  
**78148**

Country  
**USA**

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

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**7. Name and Address of New Registered Agent**

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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE **C** ☐ Delete  
NAME **MORRIS, JOHN A**  
STREET ADDRESS **870 TYNE BLVD.**  
CITY-STATE-ZIP **NASHVILLE, TN 37220**

TITLE **TS** ☐ Delete  
NAME **HARDISON, BRENDA**  
STREET ADDRESS **3401 WEST END AVENUE, STE. 685**  
CITY-STATE-ZIP **NASHVILLE, TN 37203**

TITLE **P** ☐ Delete  
NAME **MORRIS, ALFRED H**  
STREET ADDRESS **970 PARK AVENUE**  
CITY-STATE-ZIP **NEW YORK, NY 10028**

TITLE **D** ☐ Delete  
NAME **MORRIS, JULIA**  
STREET ADDRESS **870 TYNE BLVD.**  
CITY-STATE-ZIP **NASHVILLE, TN 37220**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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 #

CR2E034 (10/02)