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**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90055 045 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F98000003934

1. Corporation Name  
**PROVIDENT COMPANIES., INC. (DELAWARE)**



Principal Place of Business Mailing Address  
 1 FOUNTAIN SQUARE 1 FOUNTAIN SQUARE  
 CHATTANOOGA TN 37402 CHATTANOOGA TN 37402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/10/1998**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	62-1598430	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	C/P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANLDER, J H	1.2 NAME	
STREET ADDRESS	1 FOUNTAIN SQUARE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN	1.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATJEN, THOMAS R	2.2 NAME	
STREET ADDRESS	1 FOUNTAIN SQUARE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEST, ROBERT O	3.2 NAME	
STREET ADDRESS	1 FOUNTAIN SQUARE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, SUSAN N	4.2 NAME	
STREET ADDRESS	1 FOUNTAIN SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS JR, RALPH A	5.2 NAME	
STREET ADDRESS	1 FOUNTAIN SQUARE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, F D	6.2 NAME	
STREET ADDRESS	1 FOUNTAIN SQUARE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN	6.4 CITY-ST-ZIP	

See Attached List

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) \_\_\_\_\_ 3/26/99 (423) 755-8913  
 Date Daytime Phone #

CR2E034 (11/98)

Provident Companies, Inc.

Officers

DOC-F98000003934  
26942-90055-45

Title: V  
Name: Thomas B. Heys  
Street Address: 1 Fountain Square  
City-St-Zip: Chattanooga, TN

Title: V  
Name: Peter C. Madeja  
Street Address: 1 Fountain Square  
City-St-Zip: Chattanooga, TN

Title: V  
Name: Robert C. Greving  
Street Address: 1 Fountain Square  
City-St-Zip: Chattanooga, TN

Title: V  
Name: Jeffrey F. Olingy  
Street Address: 1 Fountain Square  
City-St-Zip: Chattanooga, TN

Title: V  
Name: Vicki W. Corbett  
Street Address: 1 Fountain Square  
City-St-Zip: Chattanooga, TN