

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90131 038 \*\*\*150.00

**DOCUMENT # F98000003934**

1. Entity Name  
**UNIMPROVIDENT CORPORATION**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **62-1598430**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | CPD                     | <input type="checkbox"/> Delete |
| NAME           | CHANDLER, J H           |                                 |
| STREET ADDRESS | 1 FOUNTAIN SQUARE       |                                 |
| CITY-ST-ZIP    | CHATTANOOGA TN          |                                 |
| TITLE          | EVP                     | <input type="checkbox"/> Delete |
| NAME           | WATJEN, THOMAS R        |                                 |
| STREET ADDRESS | 1 FOUNTAIN SQUARE       |                                 |
| CITY-ST-ZIP    | CHATTANOOGA TN          |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | ARMSTRONG, WILLIAM L    |                                 |
| STREET ADDRESS | 1625 BROADWAY SUITE 780 |                                 |
| CITY-ST-ZIP    | DENVER CO 80202         |                                 |
| TITLE          | VS                      | <input type="checkbox"/> Delete |
| NAME           | ROTH, SUSAN N           |                                 |
| STREET ADDRESS | 1 FOUNTAIN SQUARE       |                                 |
| CITY-ST-ZIP    | CHATTANOOGA TN          |                                 |
| TITLE          | VP                      | <input type="checkbox"/> Delete |
| NAME           | IWANICKI, JOHN J        |                                 |
| STREET ADDRESS | 1 FOUNTAIN SQ           |                                 |
| CITY-ST-ZIP    | CHATTANOOGA TN 37402    |                                 |
| TITLE          | V                       | <input type="checkbox"/> Delete |
| NAME           | COPELAND, F D           |                                 |
| STREET ADDRESS | 1 FOUNTAIN SQUARE       |                                 |
| CITY-ST-ZIP    | CHATTANOOGA TN          |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** Roth

4/29/02 (423)755-8913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)