

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000004284

1. Entity Name
MUELLER STREAMLINE CO.



Principal Place of Business
**8285 TOURNAMENT DRIVE, SUITE 150
MEMPHIS, TN 38125**

Mailing Address
**8285 TOURNAMENT DRIVE, SUITE 150
MEMPHIS, TN 38125**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-1100985

Applied For
☐ Not Applicable

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**

**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**

**UN00000195365
01/26/05-80025-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
MCKEE, KENT A
8285 TOURNAMENT DRIVE SUITE 150
MEMPHIS, TN 38125**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
HENSLEY, WILLIAM
8285 TOURNAMENT DRIVE SUITE 150
MEMPHIS, TN 38125**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MCKEE, KENT A
8285 TOURNAMENT DRIVE SUITE 150
MEMPHIS, TN 38125**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CROSBY, CHRIS
8285 TOURNAMENT DRIVE SUITE 150
MEMPHIS, TN 38125**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BAMBAS, KARL J
8285 TOURNAMENT DRIVE SUITE 150
MEMPHIS, TN 38125**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
BROWNE, JAMES E
8285 TOURNAMENT DRIVE SUITE 150
MEMPHIS, TN 38125**

**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)(f), 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

1/27/2005 901-753-3213

Date

Daytime Phone #