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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90016 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J47824

1. Corporation Name
DTM TAMPA, INC.



Principal Place of Business 755 CROSSOVER LANE MEMPHIS TN 38117-900 US	Mailing Address 755 CROSSOVER LANE MEMPHIS TN 38117-900 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/18/1986	4. FEI Number 86-0565967 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KELLEHER, RICHARD M.			1.2 NAME	Dan L. Hale		
STREET ADDRESS	755 CROSSOVER LANE			1.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP	MEMPHIS TN 38117-4900			1.4 CITY-ST-ZIP	Memphis, TN 38117		
TITLE	VTD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEUCK, DAVID A.			2.2 NAME	Stevan D. Porter		
STREET ADDRESS	410 NORTH 44TH ST 700			2.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP	PHOENIX AZ			2.4 CITY-ST-ZIP	Memphis, TN 38117		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	J. Kendall Huber		
STREET ADDRESS				3.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Memphis, TN 38117		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	M. Ronald Halpern		
STREET ADDRESS				4.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Memphis, TN 38117		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	VASTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	William S. Harrison		
STREET ADDRESS				5.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Memphis, TN 38117		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Kevin W. Kern		
STREET ADDRESS				6.3 STREET ADDRESS	755 Crossover Lane		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Memphis, TN 38117		

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: W. R. St... 4/21/99 901-374-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

573618-90016-13
J47824

DTM TAMPA, INC.
FEDERAL ID#: 86-0565967

PRIMARY BUSINESS ADDRESS: 755 CROSSOVER LANE
MEMPHIS, TENNESSEE 38117

DIRECTORS:

William S. Harrison
J. Kendell Huber
Peter H. Kesser

OFFICERS:

Dan L. Hale	President
Stevan D. Porter	Executive Vice President
J. Kendall Huber	Executive Vice President/Secretary
M. Ronald Halpern	Sr. Vice President/Asst. Secretary
William S. Harrison	Sr. Vice President/Asst. Secretary/Treasurer
Kevin W. Kern	Vice President/Asst. Secretary
Peter H. Kesser	Vice President/Asst. Secretary
R. Bryan Mulroy, Jr.	Vice President/Asst. Treasurer
W. Steven Standefer	Vice President/Asst. Treasurer