

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20264

FILED
Apr 26, 2005
Secretary of State

Entity Name: CLAN GILLEAN USA INC.

Current Principal Place of Business:

P.O. BOX 23675
KNOXVILLE, TN 379331675

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 23675
KNOXVILLE, TN 379331675

New Mailing Address:

FEI Number: 56-0836635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORSMAN, ROBERT H.
4010 OAK HAMMOCK LANE
FT. PIERCE, FL 34981 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANE, KIRK
Address: 742 LAKEWOOD DRIVE
City-St-Zip: JEFFERSON, TN 37760 US

Title: TD () Delete
Name: WADDELL, SAMUEL J
Address: 10820 SONJA DRIVE
City-St-Zip: KNOXVILLE, TN 37922 US

Title: VP () Delete
Name: HICKS, CLAUDE W
Address: 3072 ASHBY DR
City-St-Zip: MACON, GA 31204 US

Title: SD () Delete
Name: MCLEAN, BETSY R
Address: 148 JONES FRANKLIN RD
City-St-Zip: RALEIGH, NC 276061514 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL JAMES WADDELL

TD

04/26/2005

Electronic Signature of Signing Officer or Director

Date