## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N20264

Entity Name: CLAN CHIEANIII

FILED Apr 29, 2003 Secretary of State

Entity Name: CLAN GILLEAN USA INC. **Current Principal Place of Business: New Principal Place of Business:** P. O. BOX 4061 P.O. BOX 23675 KNOXVILLE, TN 379331675 ALVIN, TX 77511 **Current Mailing Address: New Mailing Address:** P. O. BOX 4061 P.O. BOX 23675 ALVIN, TX 77511 KNOXVILLE, TN 379331675 FEI Number: 56-0836635 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORSMAN, ROBERT H. 4010 OAK HAMMOCK LANE FT. PIERCE, FL 34981 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition GREEK, CLARENCE N Name: Name: 2819 REGENCY PARK DR Address: Address: City-St-Zip: MURFREESBORO, TN 371291150 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MCLANE, DAVID NEIL, Name: Name: MCLANE, DAVID NEIL, Address: 232 OAK MANOR DRIVE Address: 1710 HILL CREEK DR. City-St-Zip: ALVIN, TX City-St-Zip: GARLAND, TX 750437572 Title: **VPD** () Delete Title: () Change () Addition HICKS, CLAUDE W Name: Name: Address: 3072 ASHBY DR Address: City-St-Zip: MACON, GA 31204 City-St-Zip: Title: () Delete Title: SD ( ) Change (X) Addition Name: Name: MCLEAN, BETSY R Address: Address: 148 JONES FRANKLIN RD City-St-Zip: City-St-Zip: RALEIGH, NC 276061514

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: BETSY MCLEAN SD 04/29/2003