

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90446 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10077805

DOCUMENT # P06505			
1. Entity Name MARKET DISTRIBUTION SPECIALISTS, INC.			
Principal Place of Business 215 CENTER PARK DR SUITE 1200 LILBURN, GA 30247		Mailing Address 215 CENTER PARK DR SUITE 1200 LILBURN, GA 30247	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KNOXVILLE, TN		City & State KNOXVILLE	
Zip 37922		Country TN	
4. FEI Number 58-1622677		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
8. The above named entry 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 _____ (NOTE: Registered Agent's signature required when releasing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VSD WILLOUGHBY, JANICE G 215 CENTER PARK DR, 1200 KNOXVILLE, TN 37922			
PD THORNTON, ROBERT L 215 CENTER PARK DR, 1200 KNOXVILLE, TN 37922			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 registered agent or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, but no other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PRESIDENT 4-15-03 865-777-2300 Date Daytime Phone #	

CR2E034 (10/02)