

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90012 034 \*\*\*550.00

**DOCUMENT # P14701**

1. Entity Name  
**HSF, INC.**

Principal Place of Business <b>6225 GREEN MEADOWS          MEMPHIS TN 38120          US</b>	Mailing Address <b>6225 GREEN MEADOWS          MEMPHIS TN 38120          US</b>
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2. Principal Place of Business <b>5100 Wheelis Dr.          Suite, Apt. #, etc.          Suite 206</b>	3. Mailing Address <b>5100 Wheelis Dr.          Suite, Apt. #, etc.          Suite 206</b>
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DO NOT WRITE IN THIS SPACE

City & State <b>Memphis, TN</b>	City & State <b>Memphis, TN</b>	4. FEI Number <b>62-1310799</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>38117</b>	Country <b>US</b>	Zip <b>38117</b>	Country <b>US</b>

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
State <b>FL</b>
Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SANDERS, WR</b> <b>6225 GREEN MEADOWS</b> <b>MEMPHIS TN</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST SANDERS, CHRIS</b> <b>6225 GREEN MEADOWS</b> <b>MEMPHIS TN</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5100 Wheelis Dr., Suite 206</b> <b>Memphis, TN 38117</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5100 Wheelis Dr., Suite 206</b> <b>Memphis, TN 38117</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. SANDERS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/3/02**  
 Date

Daytime Phone #

CR2E034 (4/02)