## **2007 FOR PROFIT CORPORATION**

## FILED Apr 12, 2007 8:00 am Secretary of State

	ANNUAL	REPORT		Secretary or state
1. Entity Nam	MENT #P19097	PORATION, INC.		04-12-2007 90020 042 ***150.00
Principal Place of Business 18501 SOUTH FIGUEROA STREET GARDENA, CA 90248		Mailing Address P.O. BOX 2814 TORRANCE, CA 90509-2	814	40057409
	lace of Business - No P.O. Box # rothers Parkway	3. Mailing Address 333 Commerce S	it.	
Suite, Apt. #, etc. Suite B200		Suite, Apt. #, etc. M.S. B-7-A City & State		04102007 Chg-P CR2E034 (12/06)
City & State Franklin, TN Zip Country		Nashville, TN	Country	4. FEI Number Applied For 95-4158622 Not Applicable
37067	USA	37201	USA	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			<u> </u>	Address (P.O. Box Number is Not Acceptable)
	,		City	FL Zip Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE F	Registered Agent signal.	sture required when reinstating) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaigr     Trust Fund Contrib		\$5.00 May Be Added to Fees
10.	OFFICERS AND [		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PD FOLEY, JERRY 18600 S. FIGUEROA STREET GARDENA, CA 90248	<b>□</b> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Change Addition Childs, Allen H.  9009 Carothers Pkwy, Suite B200 Franklin, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROSE, JOY M 990 WEST 190TH STREET TORRANCE, CA 90502	Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	S/D/T Mingle, David L. 333 Commerce St., Nashville, TN 37201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NORRIS, ROBIN A 990 WEST 190TH STREET TORRANCE, CA 90502	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change PAddition Johns, Jett H. 333 Commerce St., Nashville,TN 37201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PETTY, RONALD N 18501 S FIGUEROA STREET GARDENA, CA 90248	■ Defete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT EARNEST, ROBERT A 18510 S. FIGUEROA STREET GARDENA, CA 90248	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilion

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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-extrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 4-11-07

SIGNATURES.

David L. Mingle, Secretary

Date

615-725-1120 Daytime Phone #

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

4	ANNUAL	1	200	$\mathbb{W} \in$						
1. Entity Nam	MENT # P19097 EXTENDED SERVICE COR			ATACH!	MENT					
Principal Plac	e of Business	Mailing Address								
18501 SOUTH FIGUEROA STREET GARDENA, CA 90248		P.O. BOX 2814 Torrance, CA 90509-2814			10574	109				
2. Principal Place of Business - No P.O. Box # 9009 Carothers Parkway		3. Mailing Address 333 Commerce S	St.	—, A	, ,	( )		P=1 17 1=10.		
Suite, Apt. Suite B		Suite, Apt. #, etc. M.S. B-7-A		04102007	Chg-P	CR2E034 (12	½/06)			
City & Stat		City & State		I ** * * * * * * * * * * * * * * * *	4. FEI Number Applied For 95-4158622 Not Applied be a Not Applied For Not Appl					
Franklin, TN Zip Country		Nashville, TN Zip Country			5. Certificate of Status Desired \$8.75 Additional					
37067	USA	37201	USA			Fee Re	equired			
	6. Name and Address of Current l	Registered Agent	Name	7. Name and Address of New Registered Agent Name						
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200)			Street A	Street Address (P.O. Box Number is Not Acceptable)						
200 E. GA	INES ST SSEE, FL 32399-0000					-				
TALLATIA33EE, TE 32399-0000				FL Zip Code						
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	registered agent, or b	oth, in the State of Flo	orida. I am familiai	with, a	and accept		
SIGNATURE_										
	Signature, typed or printed name of registered agent a	nd little if applicable (NOTE	Registered Agent signali	ure required when reinstating)	<del></del>	DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib		\$5.00 May Be Added to Fees						
10.	OFFICERS AND		11.	1	S/CHANGES TO OFF					
TITLE NAME	PD FOLEY, JERRY	Delete	TITLE NAME	P/D Childs, A	llen H.	☐ Ci	ange	Addition		
STREET ADDRESS CITY-ST-ZIP	18600 S. FIGUEROA STREET GARDENA, CA 90248		STREET ADDRESS CITY-ST-ZIP	9009 Caro	009 Carothers Pkwy, Suite B200 canklin, TN 37067					
TITLE	SD	Delete	TITLE	S/D/T		□ CI	iange	Addition		
NAME STREET ADDRESS	CROSE, JOY M 990 WEST 190TH STREET		NAME STREET ADDRESS	Mingle, Da	avid L.					
CITY-ST-ZIP	TORRANCE, CA 90502	_	CITY-ST-ZIP		rce St., Na	shville,	TN	37201		
TITLE	TD NORDIC POPINA	Delete	TITLE	D		☐ Ct	ange	Addition		
NAME STREET ADDRESS	NORRIS, ROBIN A 990 WEST 190TH STREET		NAME STREET ADDRESS	Johns, Jet		1 11 0		7001		
CITY-ST-ZIP	TORRANCE, CA 90502		CITY-ST-ZIP	333 Commer	ce St., Nas	snville,II	√ ——	7201		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PETTY, RONALD N 18501 S FIGUEROA STREET GARDENA, CA 90248	Le Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ CI	ange	☐ Addition		
TITLE	AT	Delete	TITLE			Cr	ange	Addition		
NAME	EARNEST, ROBERT A		NAME STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	18510 S. FIGUEROA STREET GARDENA, CA 90248		CITY-ST-ZIP							
TITLE	<del></del>	☐ Delete	THILE			Cr	ange	Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS					1		
City-SI-ZIP			CITY-ST-ZIP							
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, v	true and accurate and that my wered to execute this report a	r signature shall h	ave the same legal eff.	ect as if made under tes; and that my nam	oath: that I am an d	officer o	or director		

David L. Mingle, Secretary

615-725-1120 Daytime Phone #

David
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE(\_