2001 UNIFORM BUSINESS REPORT (UBR)

May 22, 2001 8:00 am Secretary of State P28256 **DOCUMENT #** 1. Entity Name 05-22-2001 90056 036 ***150.00 Darcy Hall, Inc. Principal Place of Business Mailing Address 3570 Keith Street, NW Cleveland, TN 37312 P.O. Box 3480 Cleveland, TN 37320-3480 770665 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 01-0451526 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Plantation, FL 33324 City 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. SIGNATURE DATE Signature, typed or printed name of registered assent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWILL PEE 19'\$ 150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001. Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of Sta ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change Delete TITLE TITLE PIT NAME Lester, Fred L Jr NAME 7280 Cabbage Creek Court STREET ADDRESS STREET ACCRESS Ponte Vedra Beach, FL CITY-ST-ZIP CITY-ST-7P ☐ Change ☐ Addition TITLE TITLE Delete Jabaley, Charles E 170 N. Ocoee Street, Suite 301 NAME NAME STREET ADDRESS STREET ADDRESS Cleveland, TN 37311 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate TITLE Change ☐ Addition AS NAME Cross, Cindy S 3570 Keith Street, NW STREET ADDRESS STREET ADDRESS Cleveland, TN 37312 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

Darcy signature and typed or printed name of signing officer or director Cindy S. Cross, Assistant Secretary

May 1, 2001

(423) 473-5867

Cartime Phone #

FILED