


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P29593 1. Entity Name CTI SERVICES, INC.			
Principal Place of Business 810 INNOVATION DRIVE KNOXVILLE, TN 37932		Mailing Address 810 INNOVATION DRIVE KNOXVILLE, TN 37932	
DO NOT WRITE IN THIS SPACE			
		04212004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 62-1361631	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1220 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000151842 05/04/04-80062-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCBD DOUGLAS, TERRY D 810 INNOVATION DRIVE KNOXVILLE, TN 37932	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SARDANO, JOSEPH 810 INNOVATION DRIVE KNOXVILLE, TN 37932		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOK, THOMAS J 810 INNOVATION DRIVE KNOXVILLE, TN 37932		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUTT, RON 810 INNOVATION DR KNOXVILLE, TN 37932		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCALL, JACK 810 INNOVATION DRIVE KNOXVILLE, TN 37932		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # 865-218-2000	