

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90332 001 ***600.00

DOCUMENT # P29657

1. Entity Name

SERVICE MERCHANDISE COMPANY, INC.

Principal Place of Business

**7100 SERVICE MERCHANDISE DR
P O BOX 24600
NASHVILLE TN 37202**

Mailing Address

**7100 SERVICE MERCHANDISE DR
P O BOX 24600
NASHVILLE TN 37202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **62-0816060**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	SEPTER, CHARLES	
STREET ADDRESS	7100 SERVICE MDSE DR	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	VPCF	<input checked="" type="checkbox"/> Delete
NAME	GARRETT, THOMAS	
STREET ADDRESS	7100 SVC MERCHANDISE DR	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOORE, STEVEN C	
STREET ADDRESS	7100 SVC MERCHANDISE DR	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRANE, RICHARD	
STREET ADDRESS	530 WILSHIRE BLVD, SUITE 400	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLT, R. MAYNARD	
STREET ADDRESS	4741 TROUSDALE DRIVE, SUITE 1	
CITY-ST-ZIP	NASHVILLE TN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cusano, Sam	
STREET ADDRESS	7100 Service Mds Dr.	
CITY-ST-ZIP	Brentwood, TN 37027	
TITLE	TCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hogrefe, Mike	
STREET ADDRESS	7100 Svc Merchandise Dr.	
CITY-ST-ZIP	Brentwood TN 37027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VCON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Conway, Ken	
STREET ADDRESS	7100 Service Merchandise Dr	
CITY-ST-ZIP	Brentwood, TN 37027	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)