

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32000

FILED  
Apr 07, 2004  
Secretary of State

Entity Name: NORTHWEST CROSSINGS CORPORATION

## Current Principal Place of Business:

400 ATLANTIC ST  
ATTN: CORPORATE SECRETARY  
STAMFORD, CT 06901

## New Principal Place of Business:

## Current Mailing Address:

6400 POPLAR AVE  
ATTN: TAX DEPT  
MEMPHIS, TN 38197 US

## New Mailing Address:

FEI Number: 06-1309213      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LESSIN, ANDREW R  
Address: 400 ATLANTIC ST  
City-St-Zip: STAMFORD, CT 06901

Title: D ( ) Delete  
Name: MELICAN, JAMES P  
Address: 400 ATLANTIC ST  
City-St-Zip: STAMFORD, CT 06901

Title: D ( ) Delete  
Name: RONNIE, LEONARD H  
Address: 3 PARAGON DRIVE  
City-St-Zip: MONTVALE, NJ 07645

Title: VPAS ( ) Delete  
Name: SMITHERS, BARBARA L  
Address: 400 ATLANTIC ST  
City-St-Zip: STAMFORD, CT 06901

Title: AT ( ) Delete  
Name: FINNEGAN, JOHN  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: AS ( ) Delete  
Name: SAMALIN, CAROL M  
Address: 400 ATLANTIC ST  
City-St-Zip: STAMFORD, CT 06901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PARRS, MARIANNE M  
Address: 400 ATLANTIC ST  
City-St-Zip: STAMFORD, CT 06901

Title: DCEO (X) Change ( ) Addition  
Name: RONNIE, LEONARD H  
Address: 3 PARAGON DRIVE  
City-St-Zip: MONTVALE, NJ 07645

Title: C (X) Change ( ) Addition  
Name: PARRS, MARIANNE M  
Address: 400 ATLANTIC ST  
City-St-Zip: STAMFORD, CT 06901

Title: ( ) Change ( ) Addition  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-St-Zip: \_\_\_\_\_

Title: AT (X) Change ( ) Addition  
Name: WILLIAMSON, MICHAEL  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: AS (X) Change ( ) Addition  
Name: BAUER, PAULA S  
Address: 400 ATLANTIC ST  
City-St-Zip: STAMFORD, CT 06901

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WILLIAMSON

AT

04/07/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date