

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32000

FILED  
Feb 25, 2008  
Secretary of State

Entity Name: NORTHWEST CROSSINGS CORPORATION

## Current Principal Place of Business:

6400 POPLAR AVE  
MEMPHIS, TN 38197

## 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: DCEO ( ) Delete  
Name: PARRS, MARIANNE M  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: D ( ) Delete  
Name: GRILLET, ROBERT J  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: D ( ) Delete  
Name: LIEBETREU, DAVID A  
Address: 6775 LENOX CENTER DOURT  
City-St-Zip: MEMPHIS, TN 38115

Title: VPAT ( ) Delete  
Name: KLIMAN, THOMAS A  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

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

Title: AS ( ) Delete  
Name: BAUER, PAULA S  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NICHOLLS, TIMOTHY S  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

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

Title: DP (X) Change ( ) Addition  
Name: LIEBETREU, DAVID A  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

02/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date