FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P35328** **(4)**

1. Corporation Name

DAVIDSON MANAGEMENT COMPANY

Principal Place of Business

1755 LYNNFIELD ROAD, SUITE 142
MEMPHIS TN 38119

Mailing Address

1755 LYNNFIELD ROAD, SUITE 142
MEMPHIS TN 38119

3. Date Incorporated or Qualified: **08/30/1991**

3a. Date of Last Report: **02/28/1995**

4. FEI Number: **62-1452399** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip — 25 County

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip — 30 County

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	HILL, WILTON D.	
STREET ADDRESS	438 PRINCETON WOODS COVE	
CITY, ST, ZIP	MEMPHIS TN	
TITLE	ST	☐ DELETE
NAME	FRENCH, MARK E.	
STREET ADDRESS	8437 STONE WOOD COVE W.	
CITY, ST, ZIP	MEMPHIS TN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true and accurate and, if applicable, I am authorized to sign for the corporation named in Section 1 of this report. I further certify that the information contained on this annual report or supplemental annual 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 or other person authorized to execute this report pursuant to Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or is entered in Block 11 or 14 of this report.

SIGNATURE: Wilton D. Hill — 4/11/96 — 901-761-4664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER