FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| 1996 | | DIVISION OF CORPORATIONS | | | | | |
|--|---|--|-----------------------|---------------------------|---|---------------------------------------|--|
| DOCUI 1. Corporation | MENT # P3829 | (5) | | | | | |
| PARAG | SON WSC, INC. | | | | [(\$) [(() [([) [([| 1102 1101 1 1000 1 1000 | |
| Principal Place | of Business | Mailing Address | | | | | |
| • | • | Ü | | | | | |
| ONE PARK PLAZA NASHVILLE TN 92702 | | ONE PARK PLAZA NASHVILLE TN 32702 " | | | | | |
| US | | US | | | O Data le popularitad de Challifa | Ta- bar | fleet Desert |
| | | | | | 3. Date Incorporated or Qualified 04/13/1992 | 1 | f Last Report 10/1995 |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4, FEI Number | 1 00/ | Applied For |
| 21 | | 26 | | | 95-4366944 | | Not Applicable |
| Suite, Apt. : | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required |
| City & Stat∈ |) | City & State | | | 6. Election Campaign Financing | | \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | | Added to Fees |
| 7 372 | 203 Country | 2p 303 | Goun | try | 8. This corporation has liability for | r intangible tax i es = [1]No | under s 199.032, |
| - | g. Name and Address of Currer | | 1301 | | 10, Name and Address of New | | ient |
| | | | | 1 Name | | | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. | | | | 2 Street | t Address (P.O. Box Number is Not Accept | able) | |
| 1201 H/ | AYS STREET, SUITE 105 | , | Ĺ. | _] | | | |
| TALLAH | ASSEE FL 32301 | | 18 | 3 | | | |
| | | | 1 | 4 City | | | 85 Zip Code |
| 11 Pursuant t | o the provisions of Sections 607 0500 | 2 and 607 1508. Florida Statuto | e the above |) | corporation submits this statement for the p | FL | |
| or register | ed agent, or both, in the State of Flori th, and accept the obligations of, Sect | da. Such change was authorize | ed by the co | rporation' | s board of directors. Thereby accept the ap | pointment as re | gistered agent. I am |
| SIGNATURE | and the second second second | cor weed, ribrida Glatatos | | | | | |
| | Signature, typed or printed han e of registered agen- | | | gent signarure | required when reinstating) | DATE | |
| 12 . Tille | OFFICERS AN | D DIRECTORS DELETE | 13 . | | ADDITIONS/CHANGES TO OF | | IRECTORS IN 12 Change X Addition |
| NAME | STEEN, DONALD E | £) breeze | 1.2 NAM | | Tal . P Million | | Cusuds 🕅 Waanna |
| STREET ADDRESS | 13455 NOEL ROAD, 20TH F | OOR | | TI ADDRESS | Johnson, P. Mithon one park Plate | | |
| CITY-S1-ZIP | DALLAS TX 75240 | | | - S1 - ZIP | Nashille, TN 37203 | | |
| TITLE | V | DECETE | 2 1 111 | | | | Change Addition |
| NAME | WILCOX, WILLIAM H | | 2.2 NAM | E | | | |
| STREET ADDRESS | 13455 NOEL ROAD, 20TH F | LOOR | 23 STR | et address | i | | |
| CITY-ST-7IP | DALLAS TX 75240 | FT3 OF LCTC | | -ST-ZiP | | | . y |
| TITLE NIGHT | VSD PRAIN STERVEN T | [] DETEIF | 3 1 1111 | | | X | Change Addition |
| STREET ADDRESS | Braun, Stephen T 201 West Main Street | | 3.2 NAM | | one Park Plaza | | |
| CITY-ST-ZIP | LOUISVILLE KY 40202 | | | EET ADDRESS - S1 - ZIP | Nashilly TN 372 | ٦, | |
| TITLE | VTD | [] DELETE | 4. 1 THIL | | 10 1 N 3 12 | NI EX | Change Addition |
| NAME | COLBY, DAVID C | - | 4.2 NAM | | | Ųni. | a |
| STREET ADDRESS | 201 WEST MAIN STREET | | 4.3 STRE | ET ADDRESS | One Park Plaza | | |
| CITY-SI-ZIP | LOUISVILLE KY 40202 | | 4.4 CITY | - \$1 - ZIF | Nashvike, TN 3720 | 3 | |
| TITLE | ν | [] DELETE | 5. 1 THE | | , | | Change 🔲 Addition |
| NAME | MOORE, JOSEPH D | | 5.2 NAM | | | | |
| STREET ADDRESS | ONE PARK PLAZA | | R . | et Address | | | |
| CITY-ST-ZIP TITLE | NASHVILLE TN 37203 | [] DELFTE | 5.4 CITY 6. 1 TIJL | | | ~~~ | Change |
| NAME | vd Schweinhart, Richard A | 2.13 | 6.2 NAM | | | V.5 | Change |
| STREET ADDRESS | 201 WEST MAIN STREET | | 1 | r F1 a ddress | One Park Pleza | | |
| CITY-ST-ZIP | LOUSIVILLE KY 40202 | | | - S1 - 71P | Nachaille Tal 3720 | 3 | |

14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 trusted empowered to execute its report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: P.M. Law Stonson W. Milliam Signature and typed or printed name of signing of Ficer of Dil

(615)327-9551