

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90179 007 ***150.00

DOCUMENT # P41001

1. Corporation Name
APOGEE OF TENNESSEE, INC.

Principal Place of Business

4515 POPLAR AVE
SUITE 322
MEMPHIS TN 38117

Mailing Address

1018 W. NINTH AVENUE
SUITE 202
KING OF PRUSSIA PA 19406
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1992

4. FEI Number

62-1318459

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1060 FIRST AVE

Suite, Apt. #, etc.

22 410

City & State

23 KING OF PRUSSIA PA

Zip

24 19406

Country

25 USA

2a. Mailing Address

26 1060 FIRST AVE

Suite, Apt. #, etc.

27 410

City & State

28 KING OF PRUSSIA PA

Zip

29 19406

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 Sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DAVIES, LAWRENCE M
STREET ADDRESS 1018 W. NINTH AVENUE
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE T ☐ DELETE

NAME GIBSON, MARK
STREET ADDRESS 1018 W. 9TH AVE.
CITY-ST-ZIP KING OF PRUSSIA PA 19406

TITLE S ☒ DELETE

NAME SZCZYGIEL, STANLEY F
STREET ADDRESS 1018 W. NINTH AVE.
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE AS ☐ DELETE

NAME OUIMETTE, ROBERT A
STREET ADDRESS 237 PARK AVE 20TH FLOOR
CITY-ST-ZIP NEW YORK NY 10017

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1060 FIRST AVE, SUITE 410

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SECRETARY

1060 FIRST AVE, SUITE 410

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
Date

610-942-2633
Daytime Phone #

CR2E034 (11/98)