## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nar LANSCO	me	0050586	•			A	pr 17, 2 Secreta 04-17-2002 9			
Principal Place 850 RiDGE L 220 MEMPHIS TN US		Mailing Address  850 RIDGE LAKE BLVD  220  MEMPHIS TN 38120  US								
	Place of Business	3. Mailing Address 850 ROSE LAKE BLYD								
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State MEMPHTS , TN		- 1	4. FEI Number	62-1608596		<del></del>	pplied For at Applicable	
Zip	Country	38120	Count			5. Certificate of	Status Desired		.75 Add Required	litional
	6. Name and Address of Current R	egistered Agent	<u> </u>	Name	7	7. Name and A	ddress of New Re	gistered Age	<u>nt</u>	
CT CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324			-=-=		ddress (P.C	D. Box Number	is Not Acceptable)			<u></u>
. =			City					FL	Zip Code	<del></del>
Tax filing (See crite	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW! After May 1, 20 Make Check Payat	!!! FEE 102 Fee to ble to De	will be \$5!	00 50.00 of State	10. Elect Trust	ion Campaign Final Fund Contribution.		Added	<b>0</b> May Be to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORSDICK, H. LANCE SR. 850 RIDGELAKE BLVD SUITE 200 MEMPHIS TN 38120	IRECTORS  Delete	- 11			<del>:</del>	HANGES TO OFFIC	Œ.	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOOD, SCOTT W 850 RIDGELAKE BLVD SUITE 200 MEMPHIS TN 38120	☐ Delete	II II	T ADDRESS ST-ZIP	80 A	RIOSE LA	KE BLIO	SUITE	Change 300	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREE	T ADDRESS		e		🗆	Change _	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREE' CITY-S	T ADDRESS			-		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T AODRESS ST-ZIP					Change	Addition
of the cor	certify that the information supplied with the on this report or supplemental report is tre poration or the receiver or trustee empowers or on an attachment with an address, with	ue and accurate and that merent and the merent and	ny signatu as require	ire shall ha	va tha cam	a laccal affect a	e it mada undar oot	h: that I am ar	a officer o	e director

701-7677005 Daytime Phone #