

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000005125

**Entity Name:** SPECIAL SPACES INCORPORATED

**Current Principal Place of Business:**

448 N CEDAR BLUFF RD  
#350  
KNOXVILLE, TN 37923

**Current Mailing Address:**

448 N CEDAR BLUFF RD  
#350  
KNOXVILLE, TN 37923 US

**FEI Number:** 42-1641574

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:** GLORIA NASH, ASSISTANT VP

03/15/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SWAIN, CHRISTOPHER  
Address        448 N CEDAR BLUFF RD  
                  #350  
City-State-Zip: KNOXVILLE TN 37923

Title            TREASURER  
Name            LINEHAN, MARY  
Address        448 N CEDAR BLUFF RD  
                  #350  
City-State-Zip: KNOXVILLE TN 37923

Title            DIRECTOR  
Name            WALLACE, HEATHER  
Address        448 N CEDAR BLUFF RD  
                  #350  
City-State-Zip: KNOXVILLE TN 37923

Title            DIRECTOR  
Name            MELLIN, KRISTINA  
Address        448 N CEDAR BLUFF RD  
                  #350  
City-State-Zip: KNOXVILLE TN 37923

Title            DIRECTOR  
Name            KASSAM, GRETTA  
Address        448 N CEDAR BLUFF RD  
                  #350  
City-State-Zip: KNOXVILLE TN 37923

Title            CFO  
Name            EIMERS, MICHELLE  
Address        448 N CEDAR BLUFF RD  
                  #350  
City-State-Zip: KNOXVILLE TN 37923

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELLE EIMERS

CFO

03/15/2022

Electronic Signature of Signing Officer/Director Detail

Date