2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2013
Secretary of State
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Entity Name: SOUTHEAST SERVICE CORPORATION OF TENNESSEE

Current Principal Place of Business:

1845 MIDPARK RD
KNOXVILLE, TN 37921

Current Mailing Address:

2400 YORKMONT ROAD
C/O TAX DEPT
CHARLOTTE, NC 28217 US

FEI Number: 62-1101779

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, SR VP, TREASURER
Name	DANIEL, GATTI
Address	955 CHESTERBROOK BLVD
City-State-Zip:	WAYNE PA 19087

Title	EXE VP, ASST. SECRETARY
Name	BROWN, C PALMER
Address	2400 YORKMONT ROAD
City-State-Zip:	CHARLOTTE NC 28217

Title	SECRETARY
Name	VICTORIA, SHISLER
Address	955 CHESTERBROOK BLVD
City-State-Zip:	WAYNE PA 19087

Title	ASST. SECRETARY
Name	DELANO, DEBORAH
Address	2400 YORKMONT ROAD
City-State-Zip:	CHARLOTTE NC 28217

Title	DIRECTOR, CEO
Name	ROBERT, KUTTEH
Address	955 CHESTERBROOK BLVD
City-State-Zip:	WAYNE PA 19087

Title	ASST. SECRETARY
Name	HAWKINS, TIM
Address	1845 MIDPARK RD
City-State-Zip:	KNOXVILLE TN 37921

Title	ASST. SECRETARY
Name	RICHARD, ROSSITCH
Address	2400 YORKMONT ROAD
City-State-Zip:	CHARLOTTE NC 28217

Title	ASST. TREASURER
Name	ZAUF, GARY
Address	2400 YORKMONT ROAD
City-State-Zip:	CHARLOTTE NC 28217

Continues on page 2

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

SIGNATURE: C PALMER BROWN — EXE VP, ASST. SECRETARY — 04/23/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	PRESIDENT, CEO
Name	WILLIAMS, DON
Address	1845 MIDPARK RD
City-State-Zip:	KNOXVILLE TN 37921