

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000641

Entity Name: SOUTHEAST SERVICE CORPORATION OF TENNESSEE**Current Principal Place of Business:**STE 210
1500 LIBERTY RIDGE DRIVE
WAYNE, PA 19087**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:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	STE 210 1500 LIBERTY RIDGE DRIVE
City-State-Zip:	WAYNE PA 19087

Title	DIRECTOR, CEO
Name	ROBERT, KUTTEH
Address	STE 210 1500 LIBERTY RIDGE DRIVE
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	ASST. SECRETARY
Name	HAWKINS, TIM
Address	1845 MIDPARK RD
City-State-Zip:	KNOXVILLE TN 37921

Title	SECRETARY
Name	VICTORIA, SHISLER
Address	STE 210 1500 LIBERTY RIDGE DRIVE
City-State-Zip:	WAYNE PA 19087

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

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

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

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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 BROWNEXE VP, ASST
SECRETARY

04/24/2014

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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