



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 123039		2. Name of Corporation H+M DESIGN SERVICES, PC		
3. Street Address Principal Business Office 50 Security Drive		City Jackson	State TN	Zip 38305
4. Business Phone No. (731) 664-6300		5. State of Incorporation TENNESSEE		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURAL DESIGN SERVICES				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name George T. Tubb		Vice President Name		
Street Address 17 Mill Brook Lane		Street Address		
City Jackson	State TN	Zip 38305	City	State
Secretary Name Michael A. Farris		Treasurer Name		
Street Address 100 Greendale		Street Address		
City Jackson	State TN	Zip 38305	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name George T. Tubb		Director Name		
Street Address 17 Mill Brook Lane		Street Address		
City Jackson	State TN	Zip 38305	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES 1,000		ISSUED SHARES 1,000		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 COMM \$1.00 PAR VALUE		100% George Tubb		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



123039

File Date 1/27/05
Check No. 9242
By: DA

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

George T. Tubb 01/21/05
Signature of Officer Date
George T. Tubb
Print or Type Name of Officer
President
Title of Officer



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Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
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401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 123039		2. Name of Corporation H+M DESIGN SERVICES, PC		
3. Street Address Principal Business Office 50 Security Drive		City Jackson	State TN	Zip 38305
4. Business Phone No 731.664.6330		5. State of Incorporation TENNESSEE		6. SIC Code 7682
7. Brief Description of the Character of Business Conducted in Rhode Island ARCHITECTURAL DESIGN SERVICES				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Kenneth M. Lasley		Vice President Name None		
Street Address 50 Security Dr		Street Address		
City Jackson	State TN	Zip 38305	City	State
Secretary Name Linda L. Curtis		Treasurer Name Linda L. Curtis		
Street Address 50 Security Dr		Street Address 50 Security Dr		
City Jackson	State TN	Zip 38305	City Jackson	State TN
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Kenneth M. Lasley		Director Name None		
Street Address 50 Security Dr		Street Address		
City Jackson	State TN	Zip 38305	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 COMM \$1.00 PAR VALUE			100	Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 3 0 3 9 *

File Date 2-12-02

Check No. 007984

By: NMG

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Linda L. Curtis

Print or Type Name of Officer

Secretary

Title of Officer

Date

2.6.04



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 123039 2. Name of Corporation H+M DESIGN SERVICES, PC

3. Street Address Principal Business Office

50 Security Dr

City

Jackson

State

TN

Zip

38305

4. Business Phone No.

731-664-6330

5. State of Incorporation

TENNESSEE

6. SIC Code

7682

7. Brief Description of the Character of Business Conducted in Rhode Island

Architectural Design Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Kenneth M. Lasley

Vice President Name

NONE

Street Address

50 Security Dr.

Street Address

City

Jackson

State

TN

Zip

38305

City

State

Zip

Secretary Name

Linda L. Curtis

Treasurer Name

Linda L. Curtis

Street Address

50 Security Dr

Street Address

50 Security Dr

City

Jackson

State

TN

Zip

38305

City

Jackson

State

TN

Zip

38305

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Kenneth M. Lasley

Director Name

NONE

Street Address

50 Security Dr

Street Address

City

Jackson

State

TN

Zip

38305

City

State

Zip

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 3 0 3 9 *

File Date: 2-6-03

Check No.: 6604

By: UP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Linda Curtis 1-31-03
Signature of Officer Date

Linda Curtis
Print or Type Name of Officer

SEC/Treasurer
Title of Officer