## **COMMONWEALTH OF KENTUCKY** JOHN Y. BROWN III, SECRETARY OF STATE ANNUAL REPORT (See Reverse Side for Filing Instructions)

							(4) FILING FEE	
RECORD	# 003	2310	DUE JUNE		0, 199호		\$15.00	
(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS LOUISVILLE #6, UNIT 1100, INC.								
1	10219   INN	STATION RD.	RECEIVED			(5) STATE OR COUNTRY OF INCORPORATION		
		E KY 40223	JUN 4	1997	ı		кү	
SECRETARY OF STATE  COMMONWEALTH OF KY  (S) DATE OF INCORPORATION OR DATE								
(2) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO					(6) DATE OF INCORPORATION OR DATE AUTHORIZED TO TRANSACT BUSINESS			
							12/12/1968	
(3) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS  Changes made to the registered agent or registered office cannot be made on this form.  Complete (7) to request a form to be mailed or download form from web site  (7) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO								
DAN J. ORANGIAS				(7) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO				
10219 LINN STATION RD. LOUISVILLE KY 40223						JUN 1 5 1999		
				SECRETARY OF STATE  COMMONWEALTH OF KV				
(8) PRINCIPAL OFFICERS. If the corporation has previously filed an annual report, verify the names & titles of officers listed below. Please note any additions to or changes in the principal officers and give the address for each person listed. If (8) is blank, type or print the names & business addresses of the current principal officers. If sole officer, please note.								
Presi	esident Al Gatti			GATTI Address McDo		GATTI + MARTINI	i • MARTINO • ORANGIAS inald's of Greater Louisville	
1	President			Addres		vicuonalos or G 10219 Unn Stat		
Secre		Larry Gatti		Addres	<u> </u>	ouisville. KY 4(		
Treas	Treasurer Bill Gatti							
				Address				
(9) DIRECTORS Type or print the names and business addresses of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors. Nonprofit corporations must list three (3) or more directors.								
Name					Address			
Name				Address				
Name				Address				
Name					Address			
I VERIFY THAT INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.  AUTHORIZED SIGNATURE  O 4 1 8 9 9								
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