

COMMONWEALTH OF KENTUCKY
BOB BABBAGE - SECRETARY OF STATE - (502) 264-2848
P. O. BOX 1150
FRANKFORT, KY 40602-1150

07/01/94

RECORD NO. 148113 STATE OF INCORPORATION: OHIO
CORPORATE NAME: AAA SPECIAL DISPATCH, INC.

FILING FEE: 15.00

CHARLES R. PARRIS
3000 OBSERVATORY HILL CT.
VILLA HILLS, KY. 41014

P. O. BOX 75124
CINCINNATI/NORTHERN KY. INT'L
AIRPORT
CINCINNATI, OHIO 45275

NOTICE

A REVIEW OF OUR RECORDS INDICATES THAT THE ABOVE NAMED CORPORATION IS PAST DUE IN FILING THE 1994 ANNUAL VERIFICATION REPORT. IN ORDER TO AVOID ADMINISTRATIVE DISSOLUTION OR REVOCATION OF CERTIFICATE OF AUTHORITY, THE ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE WITHIN SIXTY (60) DAYS FROM THE DATE OF THIS NOTICE. (ON OR BEFORE 4:30 P.M., 10/31/94)

THE CORPORATION MAY COMPLETE THIS NOTICE AND RETURN TO THE ABOVE ADDRESS, ALONG WITH THE REQUIRED FILING FEE. ADDRESS CORRECTION REQUESTED TO THE PRINCIPAL OFFICE ADDRESS. A FORM WILL BE MAILED UPON REQUEST IF A CHANGE TO THE REGISTERED AGENT OR REGISTERED OFFICE ADDRESS HAS OCCURRED.

PLEASE TYPE OR PRINT - THE NAMES AND BUSINESS ADDRESS OF THE CORPORATION'S DIRECTORS AND PRINCIPAL OFFICERS. ATTACH A CONTINUATION SHEET IF NECESSARY. IF YOU ARE THE ONLY OFFICER, DENOTE SOLE OFFICER BY YOUR NAME AND ADDRESS.

PRESIDENT _____

VICE PRES. _____

SECRETARY _____

TREASURER _____

OTHER _____

(PROFESSIONAL SERVICE CORPORATIONS - IN ADDITION TO THE DIRECTORS & PRINCIPAL OFFICERS, YOU MUST ALSO LIST THE NAMES & ADDRESSES OF ALL THE SHAREHOLDERS)

I VERIFY THAT THE INFORMATION CONTAINED IN THE ANNUAL REPORT IS CURRENT AND THAT I AM AUTHORIZED TO SIGN THIS REPORT ON BEHALF OF THE CORPORATION.

SIGNATURE _____ TITLE _____ DATE _____ TEL PHONE _____

PURSUANT TO KRS 274.105, I THE UNDERSIGNED BEING PRESIDENT OF SAID PROFESSIONAL SERVICE CORPORATION, DO HEREBY CERTIFY THAT ALL OF THE SHAREHOLDERS OF SAID CORPORATION, NOT LESS THAN ONE HALF OF THE DIRECTORS, AND ALL OFFICERS OTHER THAN SECRETARY & TREASURER, ARE DULY QUALIFIED UNDER CHAPTER 274.

PRESIDENTS SIGNATURE _____



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