COMMONWEALTH OF KENTUCKY JOHN Y. BROWN III, SECRETARY OF STATE ANNUAL REPORT

(See Reverse Side for Filing Instructions)

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RECORD #	0042917	DUE JUN	E 30,	1097			15.	.០០	
(1) EXACT CO	ORPORATE NAME AND PRI	NCIPAL OFFICE ADDRESS	ic						
	PS PRIMITING COMP	TNA							
237 4[4.	. AV:. DSVILLE, KY 49165		•						
GITAT IS C	55412224 AT 4 102	J0 -0 <u>-</u>				(5)		R COUNTRY OF PORATION	
•						KY			
		•							
(2) PRINCIPAL	OFFICE ADDRESS IS HEREBY	CHANGED TO:	1			AUTHORIZ	ATION TO	CORPORATION OR TRANSACT BUSINE	
							11/2	7/1935	
<u> </u>]			L			
(3) REGISTERE	ED AGENT AND REGISTERED (OFFICE ADDRESS:		(7) PL	EASE MAIL	A STATEMI	ENT OF C	HANGE FORM TO:	
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NICHOLAS ONE FOUR	S X. SIMON		1			TULL	JUI	VED	
1	OSVILLE. KY 40165	i-anan	1			MAY	21	1007	
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	•					SECRE	TARY O	STATE	
Changes made t	to the registered agent or registered of		1	<u></u>			WEAL	HOFKY	
	See Filing Instructions on rev								
PLEASE	E TYPE OR PRINT THE <u>NAMES</u>	AND <u>BUSINESS ADDRESSES</u>	-		PORATION	S CURRENT	PHINCIP	AL OFFICERS.	
PRESIDENT	(see attacs	Led)				····			
VICE PRESIDE	NT TN	/							
SECRETARY									
									
TREASURER _								~.~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	PLEASE TYPE OR PRINT THI ired to be listed. No listing of directors See Filing instructions on reverse sid						4.		
BOARD OF DIRECTORS _									
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•	•				·			•	
									
I VERIFY THAT	UŅNA ZIHT NĻNOITAMROTNI		OF TH	HE DATE	THIS REPO	RT IS EXEC	UTED.		
AUTHORIZED :	SIGNATURE A Q. W	lelan		TITLE	5erse	Tary	_ DATE _	5/19/97	
	·	AND M. In addition to the access				J		a flat of manner and	
	AL SERVICE CORPORATIONS OF A SERVICE CORPORATIONS OF THE PROPERSIONS O	al service corporation and the pr	reside	nt shall si	gn the certif	ficate below.	e included	a list of names and	
i, Pres	CER1 sident of said corporation, do cer	TIFICATE OF PROFESSIONAL rtify that all of the shareholders,					and all off	cers other than	
secre	tary and treasurer of the profession than been filed with the regulating	onal service corporation are dul	y qual	ified as pi	rovided in K	RS Chapter 2			

PRESIDENT'S SIGNATURE.