

REPORT FOR 1981 DUE JULY 1, 1981

OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITOL BUILDING
FRANKFORT, KENTUCKY 40501

CORRECTING AND ADDITIONS (PLEASE TYPE
IN THIS SECTION ONLY TO CHANGE OR ADD
INFORMATION MISSING IN SECTION A.)

STANDING: GOOD SECTION A 502 564-7330

(1) RECORD NO. 28227 (2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH. 06-09-27

(3) STATE OF INCORPORATION KENTUCKY

(4) PROCESS AGENT WILLIAM T. SIMPSON

(5) EXACT CORPORATE NAME KENTUCKY MILITARY INSTITUTE

(6) MAILING ADDRESS 8521 LAGRANGE RD. LOUISVILLE, KY. 40222

FOR OFFICE USE ONLY 025615

(2) DATE OF INCORP. _____ (3) INCORPORATION STATE OF _____

(4) PROCESS AGENT _____

(5) EXACT CORPORATE NAME COMMONWEALTH OF KENTUCKY

(6) MAILING ADDRESS COMMONWEALTH OF KENTUCKY

PLEASE INCLUDE ZIP CODE HERE

PLEASE NOTE: IF YOU ARE A KRS CHAPTER 274 CORPORATION (PROFESSIONAL SERVICE CORPORATION) PLEASE SEE REVERSE SIDE OF THIS REPORT

PLEASE MAKE NECESSARY CORRECTIONS, SIGN FORM, AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF \$.00 (CHECKS PAYABLE TO KENTUCKY STATE TREASURER) IN THE ENCLOSED ENVELOPE. RETAIN GREEN COPY FOR YOUR RECORDS. I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT; I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY.

AUTHORIZED SIGNATURE *William T. Simpson*
TITLE Pres
TELEPHONE NO. 502-564-3103

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SECRETARY OF STATE
LIVE OAK BLDG

MAR 24 1981

W. T. Simpson

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1982
REPORT FOR
STANDING: 6000

DUE JULY 1, 1982

SECTION A

ANNUAL REPORT
OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITOL BUILDING
FRANKFORT, KENTUCKY 40601

SECTION B
CORRECTIONS AND ADDITIONS (PLEASE TYPE
USE THIS SECTION ONLY TO CHANGE OR ADD
INFORMATION MISSING IN SECTION "A".
STATE OF
(3) INCORPORATION

(1) RECORD NO. 40227

(2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH. 06-09-27

(3) STATE OF INCORPORATION KENTUCKY

(4) PROCESS AGENT WILLIAM I. SIMPSON

(5) CORPORATE NAME KENTUCKY MILITARY INSTITUTE

(6) MAILING ADDRESS 524 LAGRANGE RD. LOUISVILLE, KY. 40222

FOR OFFICE USE ONLY 014812

(2) DATE OF INCORP.

(4) PROCESS AGENT

SECRETARY OF STATE

IF YOU NEED TO CHANGE PROCESS AGENT OR ADDRESS PLEASE CONTACT THE OFFICE FOR APPROPRIATE FORMS

(5) EXACT CORPORATE NAME

(6) MAILING ADDRESS

Commonwealth of Kentucky

PLEASE INCLUDE ZIP CODE HERE

PLEASE NOTE: IF YOU ARE A KRS CHAPTER 274 CORPORATION (PROFESSIONAL SERVICE CORPORATION) PLEASE SEE REVERSE SIDE OF THIS REPORT

PLEASE MAKE NECESSARY CORRECTIONS, SIGN FORM, AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF \$5.00 (CHECKS PAYABLE TO KENTUCKY STATE TREASURER) IN THE ENCLOSED ENVELOPE. RETAIN GREEN COPY FOR YOUR RECORDS.

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY.

AUTHORIZED SIGNATURE *William I. Simpson*

TITLE *President* TELEPHONE NO. *581-3103*

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