



Alison Lundergan Grimes
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
http://www.sos.ky.gov

60 Day Notice Annual Report
August 7, 2017
Must be received by October 6, 2017

ARP

Exact organization name and principal office address

THE RICHTER REALTY COMPANY
2560 S.R. 132
NEW RICHMOND OH 45157

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at app.sos.ky.gov/ftsearch or forms can be downloaded from our website.

Registered Agent and Registered Office Address

C T CORPORATION SYSTEM
306 W MAIN ST
SUITE 512
FRANKFORT, KY 40601

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

Table with 2 columns: Officer Title and Name. Rows include Treasurer (KEVIN J. MACKEY), President (JAMES W POHL), Secretary (ROBERT L POHL), and Vice President (ANDREW W. FREY).

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

Blank lines for listing directors.

Please indicate the county in which your business operates:

County: _____

To complete the following, please shade the box completely.

Please indicate the size of your business:

- Small (Fewer than 50 employees)
Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

- Women-Owned
Veteran-Owned
Minority-Owned

Please indicate which of the following best describes your business:

- Agriculture, Mining, Services, Construction, Wholesale Trade, Retail Trade, Manufacturing, Finance, Insurance, Real Estate, Public Administration, Transportation, Communications, Electric, Gas, Sanitary Services, Other

X

Signature of officer or chairman of the board (Required)

Title (Required)

Date (Required)

FINAL REMINDER: Failure to file your annual report by October 6, 2017 by 4:30pm (EST) will result in revocation of authority.

TO AVOID HAVING TO REQUALIFY, SAVE TIME, FILE ONLINE: http://app.sos.ky.gov/arp/0066037 OR

sign and return to the Office with the required \$15.00 filing fee no later than October 6, 2017

To file via mail:

- Confirm the information is correct.
Make changes by writing on this annual report, or by submitting an attachment with the signed report.
The signed annual report, any attachments and filing fee (payable to the Kentucky State Treasurer) must be received in the Office by October 6, 2017
If filing online, do not return this annual report or submit payment.



ALISON LUNDERGAN GRIMES
SECRETARY OF STATE
P.O. Box 1150
Frankfort, Kentucky 40602-1150
DATED MATERIAL ENCLOSED

WR
RICH560

9400920845224240

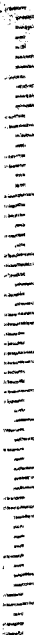
~~40602-1150~~
UNBLENDED SPIRITS

PAID

RC: 40602115050 *0846-03460-08-18

MIXIE 430 DE 1250 0908/21/17

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD



FIRST-CLASS MAIL
PRESORTED
U.S. POSTAGE PAID
FRANKFORT, KY
PERMIT NO. 888