

COMMONWEALTH OF KENTUCKY
SECRETARY OF STATE
P. O. BOX 1150
FRANKFORT, KY 40602

032350

06/15/88

RECORD NO. 032350
STATE OF INCORPORATION:
KENTUCKY

CORPORATE NAME: LOUISVILLE MEDICAL RESEARCH FOUNDATION, INC.

REGISTERED AGENT AND ADDRESS:

PRINCIPAL OFFICE ADDRESS:

~~THOS. W. SMITH
217 E. CHESTNUT ST.
LOUISVILLE, KY 40202~~

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LOUISVILLE, KY. 40202

SIX (6) MONTH NOTICE OF FAILURE TO FILE ANNUAL REPORT(S)

EACH DOMESTIC CORPORATION AND EACH FOREIGN CORPORATION AUTHORIZED TO TRANSACT BUSINESS IN THIS STATE IS REQUIRED BY KENTUCKY LAW TO FILE, ON OR BEFORE JUNE 30 EACH YEAR, AN ANNUAL REPORT VERIFYING THE ABOVE-SET-OUT INFORMATION OR A STATEMENT SETTING FORTH ALL OF THE ABOVE INFORMATION.

WHENEVER A DOMESTIC OR FOREIGN CORPORATION HAS NOT FILED WITH THE SECRETARY OF STATE EITHER A STATEMENT VERIFYING THE ABOVE INFORMATION OR RECORD OR THE ANNUAL REPORT, KENTUCKY LAW KRS 271A.010 REQUIRES THIS OFFICIAL NOTICE THAT IF A STATEMENT IS NOT FILED WITHIN SIX MONTHS FROM THE DATE OF THIS NOTICE THE SECRETARY OF STATE MUST REVOKE THE CERTIFICATE OF INCORPORATION OR WITHDRAW THE CERTIFICATE OF AUTHORITY AND MAIL NOTICE OF SUCH REVOCATION OR WITHDRAWAL TO THE CORPORATION AT ITS REGISTERED ADDRESS.

FOR YOUR CONVENIENCE, RECORDS MAY BE VERIFIED BY SIGNING ON THE AUTHORIZED SIGNATURE LINE BELOW OR BY FORWARDING A STATEMENT TO THIS OFFICE SETTING FORTH THE CORRECT INFORMATION. SUCH STATEMENT MUST DECLARE THAT THE INFORMATION IS TRUE AND THAT THE PERSON SIGNING IS AUTHORIZED TO SIGN FOR THE CORPORATION. THE FILING FEE SET OUT BELOW MUST ACCOMPANY THIS VERIFICATION OR THE PREPARED STATEMENT.

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

AUTHORIZED SIGNATURE _____

TITLE _____ TELEPHONE _____

YEARS DUE: 88

FILING FEE: 4.00

(MAKE CHECKS PAYABLE TO THE KENTUCKY
STATE TREASURER)

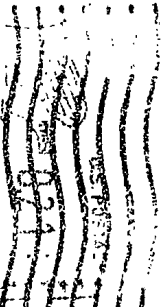


BREMER EHRLER
SECRETARY OF STATE
FRANKFORT, KENTUCKY 40601-3493

*Return to Sender
noted*



REGISTERED MAIL



Return to Sender