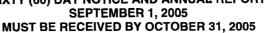
You can file your annual report online Visit our web site at www.sos.ky.gov

ORGANIZATION ID#

STATE OR COUNTRY V

COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE using a credit card or prepaid account. SIXTY (60) DAY NOTICE AND ANNUAL REPORT SEPTEMBER 1, 2005





ORGANIZATION 04/06/1060 FILING \$15.00

| 0037457 | OF II | NCORPORATION | N1 | DATE | 04/26/1 | 903 | FEE | φ15.00 |
|--|---------------|---|--|-----------------------------------|--|---------------------------|----------------------------|---|
| (1 CURRENT REGISTEREI Changes made to the reg Complete (3) to request a | nistered age | AND REGISTERED OFFIC ent or registered office can mailed or download form | not be made on this form. | (3) MAIL A STATEMEN | NT OF CHANGE (| OF AGENT | OR OFFICE | то |
| STEPHEN HAMIL 6955 SPRINGFIEI BARDSTOWN, KY | LD RD. | | | | | | | |
| 2) EXACT CORPORATE N | IAME AND | CURRENT PRINCIPAL O | FFICE ADDRESS | | | | | |
| NALLY & HAMILTON, INC. P O BOX 157 BARDSTOWN, KY 40004 | | | (4) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO | | | | | |
| , | | | | | | | | |
| (5) PRINCIPAL OFFICERS in the principal officers ar officers. If sole officer, ple | nd give the | business address for each | an annual report, verify the th person listed. If (5) is bla aturned if business address | ank, type or print the nar | ers listed below. P | lease note addresses | any additions of the curre | s to or changes ent principal |
| Treasurer S | tephen | Hamilton | | | | | | |
| Secretary S | tephen | Hamilton | | Address | | | | |
| President R | lichard | Hamilton | | Address | | | | |
| | | ····· | | Address | | | | |
| | | | | Address | | | | |
| (6) DIRECTORS Type or p (KRS 271B.8-010(3)). N | lonprofit co | nes and business addres orporations must list thre | | rectors. No listing of dire | ctors is verification I report will be retu | n that the courned if bus | orporation ha | as dispensed with directorses are not listed. |
| Name | | | | Address | | | | |
| Richard Ham | IIIOH | | | Address | | | | · · · · · · · · · · · · · · · · · · · |
| Name | | | | Address | | | 117 | |
| Name | | - | | Address | | to a summer or | | |
| (7) Check here if you a | are a coop | erative corporation | 3 | | | | | |
| I VERIFY THAT THE | INFORM | ATION IN THIS AN | | | | | | ECUTED. |
| Signature | of Officer or | Chairman of the Board | TITLE | | | _DATED |) | |
| | | | | | | | | |

ANNUAL REPORT AND FILING FEE

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

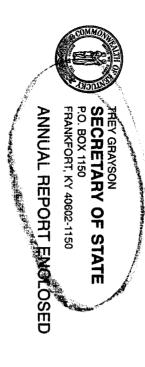
MAILING ADDRESS

Trey Grayson Secretary of State P O Box 1150 Frankfort, KY 40602-1150

OFFICE LOCATION

Secretary of State State Capitol, Room 154 700 Capital Avenue Frankfort, KY 40601 (502)-564-2848

NOTE: P O Box 1150 is for annual report filings only.



File online at www.kysos.com







