

BRESHER EHRLER - SECRETARY OF STATE - (502) 564-2848
P. O. BOX 1150
FRANKFORT, KY 40602-1150
09/01/89

RECORD NO. 067690 STATE OF INCORPORATION: KENTUCKY
CORPORATE NAME: KENTUCKIANA CHAPTER UNITED OSTOMY ASSOCIATION, INC.

REGISTERED AGENT AND ADDRESS:

NELL H. MACDONALD
827 DRESDEN AVE.
LOUISVILLE, KY. 40215-2916

PRINCIPAL OFFICE ADDRESS:

P. O. BOX 36506
LOUISVILLE, KY. 40201

WARNING - CORPORATION SUBJECT TO ADMINISTRATIVE DISSOLUTION OR
REVOCATION OF CERTIFICATE OF AUTHORITY

XX THIS CORPORATION HAS FAILED TO FILE WITH THE SECRETARY OF STATE THE 1989
ANNUAL VERIFICATION REPORT REQUIRED BY KENTUCKY LAW

XX THE CORPORATION MAY FILE THE DELINQUENT ANNUAL REPORT BY SIGNING THIS FORM,
ENCLOSING FILING FEE OF \$4.00 AND RETURNING TO THIS OFFICE AT THE P.O.
BOX 1150 ADDRESS ABOVE. IF THE PRINCIPAL OFFICE ADDRESS (MAILING ADDRESS)
SET OUT ABOVE IS NOT CORRECT, PLEASE CROSS OUT INCORRECT INFORMATION AND
WRITE IN CORRECT INFORMATION.

XX KENTUCKY LAW NOW REQUIRES ANNUAL REPORTS TO INCLUDE THE NAMES AND BUSINESS
ADDRESS OF CORPORATIONS DIRECTORS AND PRINCIPAL OFFICERS. THE LINES BELOW
HAVE BEEN PROVIDED FOR THIS INFORMATION. IF NECESSARY PLEASE ATTACH A
CONTINUATION SHEET. * PROFESSIONAL SERVICE CORPORATIONS PER KRS 274.105 ARE
STILL REQUIRED TO LIST THE NAMES AND ADDRESSES OF ALL SHAREHOLDERS IN
ADDITION TO THE DIRECTORS AND PRINCIPAL OFFICERS AND *THE PRESIDENT OF THE
CORPORATION MUST SIGN AT BOTTOM****

IF THE CORPORATION DOES NOT COMPLY WITH THE RELEVANT
PROVISIONS OF KY LAW BY FILING ITS 1989 ANNUAL REPORT, THE
SECRETARY OF STATE SHALL ADMINISTRATIVELY DISSOLVE THE
CORPORATIONS CHARTER OR REVOKE ITS CERTIFICATE OF AUTHORITY
WITHIN SIXTY (60) DAYS OF THE DATE OF THIS NOTICE.

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, I
FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN FOR THIS
CORPORATION. (AUTHORIZED SIGNATURE LINE APPLIES TO ALL CORPORATIONS)

AUTHORIZED SIGNATURE _____ TITLE _____ TELEPHONE _____

(PROFESSIONAL SERVICE CORPORATIONS ONLY) I THE UNDERSIGNED,
BEING PRESIDENT OF THE KRS CHAPTER 274 CORPORATION, DO HEREBY
CERTIFY THAT ALL THE SHAREHOLDERS OF THE SAID CORPORATION, NOT
LESS THAN ONE HALF OF THE DIRECTORS, AND ALL OFFICERS OTHER
THAN SECRETARY AND TREASURER, ARE DULY QUALIFIED AS PROVIDED IN
CHAPTER 274.

PRESIDENTS SIGNATURE ONLY **** _____