You can file your annual report online using a credit card or prepaid account. Visit our web site at sos.ky.gov/annualreports

COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE **ANNUAL REPORT DUE JUNE 30, 2007**



ORGANIZATION ID # 0059394

STATE OR COUNTRY OF INCORPORATION

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

700 Capital Avenue

Frankfort, KY 40601 (502)-564-2848

State Capitol, Room 154

Secretary of State

Frankfort, KY 40602-1150

P O Box 1150

ORGANIZATION DATE

12/23/1946

FILING FEE

\$8.00

BURLEY MARKETING	ASSOCIATION FINE	U
620 SOUTH BROADW	FEB 1 4 200	
SUITE 201		(b) 111E 1 1111011 AE 01 1 10E ABBITECO 10 11E11EE 1
LEXINGTON, KY 4050	983126 SECRETARY OF ST/ COMMONWEALTH O	F KY
Changes made to the registered a	IT AND REGISTERED OFFICE ADDRESS agent or registered office cannot be made or be mailed or download form from web site.	n this form.
DONNA C GRAVES		(4) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO
620 S. BROADWAY, ST. 201		
LEXINGTON, KY 40508	3126	
he returned if husiness addresse	blank, type or print the names and busines s are not listed. If the corporation has previ e principal officers and give the business a	s addresses of the current principal officers. If sole officer, please note. The annual report will busly filed an annual report, verify the names and titles of officers listed below. Please note ddress for each person listed.
Treasurer Allen I	Prewitt	
	B Brannen	Address
	s Bundy	Address
		Address
		Address
		Address
(6) DIRECTORS Type or print the (KRS 271B.8-010(3)). Nonprofi	names and business addresses of the co it corporations must list three (3) or more	rporation's directors. No listing of directors is verification that the corporation has dispensed with director directors (KRS 273.211). The annual report will be returned if business addresses are not listed.
Name Scott Robertson		Address
Name David L Holley, Jr.		Address
Name Name		Address
Name		Address
Check here if you are a ru		erative corporation organized under KRS 279. 🖵
	DAMATION IN THIS ANNUIAL DES	ORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.
I VERIFY THAT THE INFO	RIVIATION IN THIS ANNUAL HER	Office of the Bate the the office excession.
Signature of Officer or Cha	Shares Da	Type or Print Name Executive Title Title Title
Signature of Officer or Cha	rman of the Board	_
Signature of Officer or Cha ANNUAL REPORT AND FI Submit for filing the completed	ILING FEE annual report form and correct filing fe	Type or Print Name Type or Print Name Title Title Title

annual report filings only.