

ANNUAL REPORT
OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITOL BUILDING
FRANKFORT, KENTUCKY 40601

SECTION B
CORRECTIONS AND ADDITIONS (PLEASE TYPE)
USE THIS SECTION ONLY TO CHANGE OR ADD
INFORMATION MISSING IN SECTION "A."

PORT FOR DUE JULY 1
ENDING: SECTION A

(2) DATE OF INCORP. _____ (3) INCORPORATION _____

RECORD NO. [] (2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH. []

STATE OF INCORPORATION []

PROCESS AGENT []

EXACT CORPORATE NAME []

MAILING ADDRESS []

FOR OFFICE USE ONLY

[]

(4) PROCESS AGENT []
IF YOU WISH TO CHANGE PROCESS AGENT OR ADDRESS PLEASE CONTACT THIS OFFICE FOR APPROPRIATE FORMS

(5) EXACT CORPORATE NAME []

(6) MAILING ADDRESS []
PLEASE INCLUDE ZIP CODE HERE []

PLEASE NOTE: IF YOU ARE A KRS CHAPTER 274 CORPORATION (PROFESSIONAL SERVICE CORPORATION) PLEASE SEE REVERSE SIDE OF THIS REPORT

PLEASE MAKE NECESSARY CORRECTIONS, SIGN FORM, AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF _____ (CHECKS PAYABLE TO KENTUCKY STATE TREASURER) IN THE ENCLOSED ENVELOPE. RETAIN GREEN COPY FOR YOUR RECORDS. I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY.
AUTHORIZED SIGNATURE []

TITLE [] TELEPHONE NO. 683-5331

FORM MUST BE SIGNED. RETURN THIS COPY WITH FILING FEE.