

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851345

FILED  
Jan 29, 2010  
Secretary of State

Entity Name: JAMES N. GRAY COMPANY

**Current Principal Place of Business:**

10 QUALITY ST  
LEXINGTON, KY 405071450 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8330  
LEXINGTON, KY 405338330 US

**New Mailing Address:**

FEI Number: 61-0990546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GRAY, JAMES P.  
Address: 359 NORTH LIMESTONE  
City-St-Zip: LEXINGTON, KY 40508

Title: D  
Name: GRAY, FRANKLIN N.  
Address: 219 S HANOVER  
City-St-Zip: LEXINGTON, KY 40501

Title: VP  
Name: GRAY, STEPHEN A.  
Address: 1109 FINCASTLE  
City-St-Zip: LEXINGTON, KY 40502

Title: VP  
Name: PARKER, J. SCOTT  
Address: 4390 CLEARWATER WAY, 310  
City-St-Zip: LEXINGTON, KY 40515

Title: T  
Name: LEONARDIS, KIMBERLY  
Address: 10 QUALITY STREET  
City-St-Zip: LEXINGTON, KY 40507

Title: VP  
Name: DEAN, DAVID  
Address: 2920 HASTINGS ROAD  
City-St-Zip: BIRMINGHAM, AL 35223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY LEONARDIS

T

01/29/2010

Electronic Signature of Signing Officer or Director

Date