

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000003598

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: ELECTRONIC DATA RESOURCES, INC.

## Current Principal Place of Business:

1665 PALM BEACH LAKES BLVD.  
SUITE 200  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

## Current Mailing Address:

1665 PALM BEACH LAKES BLVD.  
SUITE 200  
WEST PALM BEACH, FL 33401

## New Mailing Address:

11857 COMMONWEALTH DRIVE  
LOUISVILLE, KY 40299

FEI Number: 65-0898191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAUTTER, C. CHRISTIAN ESQ.  
2900 EAST OAKLAND PARK BLVD., STE. 200  
FORT LAUDERDALE, FL 33306 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: ON FILE

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: BLAKEY, BILL B  
Address: 115 S. ANCHORAGE DR.  
City-St-Zip: NORTH PALM BEACH, FL 32408

Title: D ( ) Delete  
Name: WHITLEY, WALLACE P  
Address: 230 TOLLGATE BLVD.  
City-St-Zip: ISLAMORADA, FL 33036

Title: D (X) Delete  
Name: EMMONS, RAYMOND  
Address: 3074 FAIRWAY HILL COURT  
City-St-Zip: PARK CITY, UT 84060

Title: D (X) Delete  
Name: LEEHY, JOHN J III  
Address: 2780 HOCKSTRASSER RD.  
City-St-Zip: FISHERVILLE, KY 40023

Title: ST (X) Delete  
Name: WHITLEY, CHARLES  
Address: 1665 PALM BEACH LAKES BLVD., STE. 200  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: LEEHY, JOHN J III  
Address: 11857 COMMONWEALTH DRIVE  
City-St-Zip: LOUISVILLE, KY 40299

Title: VP (X) Change ( ) Addition  
Name: HICKERSON, ED  
Address: 11857 COMMONWEALTH DRIVE  
City-St-Zip: LOUISVILLE, KY 40299

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ED HICKERSON

VP

04/08/2008

Electronic Signature of Signing Officer or Director

Date