

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003598

FILED  
Apr 27, 2009  
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:**

11857 COMMONWEALTH DRIVE  
LOUISVILLE, KY 40299

**New Mailing Address:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

Title: EVP ( ) Delete  
Name: BLAKEY, BILL  
Address: 1665 PALM BEACH LAKES BLVD., #200  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: KRISTI ROYALL

SA

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date