

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004249

FILED
Apr 29, 2007
Secretary of State

Entity Name: MIDAMERICA GIFT CERTIFICATE COMPANY

Current Principal Place of Business:

401 WEST MAIN STREET
LOUISVILLE, KY 40202

New Principal Place of Business:

401 WEST MAIN STREET
4TH FLOOR
LOUISVILLE, KY 40202

Current Mailing Address:

401 WEST MAIN STREET
LOUISVILLE, KY 40202

New Mailing Address:

C/O LISA MOBERLY BB&T
200 WEST SECOND ST 3RD FLOOR
WINSTON-SALEM, NC 27101

FEI Number: 31-1556662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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: PD () Delete
Name: LAMAR, DONALD R
Address: 401 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202 US

Title: S () Delete
Name: ABELES, DAMARIS S
Address: 401 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202 US

Title: T () Delete
Name: COCHRANE, JAY
Address: 150 S. STRATFORD ROAD
City-St-Zip: WINSTON-SALEM, NC 27104 US

Title: D () Delete
Name: QUALLS, SCOTT
Address: 401 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: D () Delete
Name: WILSON, LEON
Address: 2501 WOOTEN BLVD. SW
City-St-Zip: WILSON, NC 27893 US

Title: D () Delete
Name: BRADLEY, BENNETT
Address: 2501 WOOTEN BLVD. SW
City-St-Zip: WILSON, NC 27893 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAMAR, DONALD R
Address: 401 WEST MAIN STREET, 4TH FLOOR
City-St-Zip: LOUISVILLE, KY 40202 US

Title: S (X) Change () Addition
Name: ABELES, DAMARIS S
Address: 401 WEST MAIN STREET, 4TH FLOOR
City-St-Zip: LOUISVILLE, KY 40202 US

Title: T (X) Change () Addition
Name: COCHRANE, JAY
Address: 401 WEST MAIN STREET, 4TH FLOOR
City-St-Zip: LOUISVILLE, KY 40202 US

Title: D (X) Change () Addition
Name: QUALLS, SCOTT
Address: 401 WEST MAIN STREET, 4TH FLOOR
City-St-Zip: LOUISVILLE, KY 40202

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: LISA I MOBERLY

OTH

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date