



FILED
May 02, 2005 8:00 am
Secretary of State

X U U U U U

DOCUMENT # F94000001003				05-02-2005 90564 044 ***150.00	
1. Entity Name VASCOR, LTD., INC.					
Principal Place of Business 1111 BROADWAY OAKLAND, CA 94607		Mailing Address 1111 BROADWAY OAKLAND, CA 94607			
2. Principal Place of Business 100 FARMERS BANK DRIVE Suite, Apt. #, etc. SUITE 300 City & State GEORGETOWN, KY Zip 40324		3. Mailing Address 106 W. VINE STREET Suite, Apt. #, etc. SUITE 600 City & State LEXINGTON, KY Zip 40507		 04082005 Chg-P CR2E034 (10/03)	
4. FEI Number 94-3059315		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE T <input type="checkbox"/> Delete NAME WEST, NEAL E STREET ADDRESS 1111 BROADWAY CITY-ST-ZIP OAKLAND, CA 94607			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE C <input type="checkbox"/> Delete NAME DAUGHERTY, JINNY STREET ADDRESS 1111 BROADWAY CITY-ST-ZIP OAKLAND, CA 94607			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME WATANABE, OSANNA STREET ADDRESS 1111 BROADWAY CITY-ST-ZIP OAKLAND, CA 94607			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE AS <input type="checkbox"/> Delete NAME WINDLE, TIMOTHY J STREET ADDRESS 1111 BROADWAY CITY-ST-ZIP OAKLAND, CA 94607			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE S <input type="checkbox"/> Delete NAME HASSE, ANN F STREET ADDRESS 1111 BROADWAY CITY-ST-ZIP OAKLAND, CA 94607			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE P <input type="checkbox"/> Delete NAME DUNN, JIM STREET ADDRESS 1111 BROADWAY CITY-ST-ZIP OAKLAND, CA 94607			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jinny Daugherty, Controller Jinny Daugherty</u> 4/25/05 502-570-3224 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					