


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

05-23-2007 90027 047 ***550.00

DOCUMENT # F94000001003 1. Entity Name VASCOR, LTD., INC.	
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Principal Place of Business 100 FARMERS BANK DRIVE SUITE 300 GEORGETOWN, KY 40324	Mailing Address 106 W VINE STREET SUITE 600 LEXINGTON, KY 40507
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90110000



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05112007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	

4. FEI Number 94-3059315	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T	TITLE	
NAME	SOH, KAM G <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	1111 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	OAKLAND, CA 94607	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUGHERTY, JINNY	NAME	DAUGHERTY, JINNY
STREET ADDRESS	1111 BROADWAY	STREET ADDRESS	100 FARMER'S BANK DR STE 300
CITY-ST-ZIP	OAKLAND, CA 94607	CITY-ST-ZIP	GEORGETOWN, KY 40324
TITLE	VP <input type="checkbox"/> Delete	TITLE	
NAME	M ANABE, YOSHIYA	NAME	
STREET ADDRESS	100 FARMER'S BANK DR STE 300	STREET ADDRESS	
CITY-ST-ZIP	GEORGETOWN, KY 40324	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	
NAME	WINDLE, TIMOTHY J	NAME	
STREET ADDRESS	1111 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	OAKLAND, CA 94607	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	
NAME	HASSE, ANN F	NAME	
STREET ADDRESS	1111 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	OAKLAND, CA 94607	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, JIM	NAME	DUNN, JIM
STREET ADDRESS	1111 BROADWAY	STREET ADDRESS	100 FARMER'S BANK DR STE 300
CITY-ST-ZIP	OAKLAND, CA 94607	CITY-ST-ZIP	GEORGETOWN, KY 40324

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jinny Daugherty Jinny Daugherty 5/15/07 502-868-0277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #