


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F94000001003 1. Entity Name VASCOR, LTD., INC.	
---	---

Principal Place of Business 100 FARMERS BANK DRIVE SUITE 300 GEORGETOWN, KY 40324	Mailing Address 106 W VINE STREET SUITE 600 LEXINGTON, KY 40507
--	--



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3059315	Applied For 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
--

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	-----------------------------

DATE: 05/08/08-80020-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOH. KAM G 1111 BROADWAY OAKLAND, CA 94607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DAUGHERTY, JINNY 100 FARMERS BANK DR STE 300 GEORGETOWN, KY 40324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP M ANABE, YOSHIYA 100 FARMER'S BANK DR STE 300 GEORGETOWN, KY 40324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WINDLE, TIMOTHY J 1111 BROADWAY OAKLAND, CA 94607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HASSE, ANN F 1111 BROADWAY OAKLAND, CA 94607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, JIM 100 FARMERS BANK DR STE 300 GEORGETOWN, KY 40324

DO NOT WRITE IN THIS SPACE

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: James A. Morrison Date: 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #