

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001003

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: VASCOR, LTD., INC.

**Current Principal Place of Business:**

100 FARMERS BANK DRIVE  
SUITE 300  
GEORGETOWN, KY 40324

**New Principal Place of Business:**

**Current Mailing Address:**

106 W VINE STREET  
SUITE 600  
LEXINGTON, KY 40507

**New Mailing Address:**

PO BOX 580  
GEORGETOWN, KY 40324 US

FEI Number: 94-3059315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYS STREET SUITE 105  
TALLAHASSEE, FL 32301 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: T ( ) Delete  
Name: SOH, KAM G  
Address: 1111 BROADWAY  
City-St-Zip: OAKLAND, CA 94607

Title: C ( ) Delete  
Name: DAUGHERTY, JINNY  
Address: 100 FARMERS BANK DR STE 300  
City-St-Zip: GEORGETOWN, KY 40324

Title: VP ( ) Delete  
Name: MANABE, YOSHIYA  
Address: 100 FARMER'S BANK DR STE 300  
City-St-Zip: GEORGETOWN, KY 40324

Title: AS ( ) Delete  
Name: WINDLE, TIMOTHY J  
Address: 1111 BROADWAY  
City-St-Zip: OAKLAND, CA 94607

Title: S ( ) Delete  
Name: HASSE, ANN F  
Address: 1111 BROADWAY  
City-St-Zip: OAKLAND, CA 94607

Title: P ( ) Delete  
Name: DUNN, JIM  
Address: 100 FARMERS BANK DR STE 300  
City-St-Zip: GEORGETOWN, KY 40324

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

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

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

Title: VP (X) Change ( ) Addition  
Name: MANABE, YOSHIYA  
Address: 100 FARMER'S BANK DR STE 300  
City-St-Zip: GEORGETOWN, KY 40324

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: JINNY DAUGHERTY

VP

01/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date