

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16617

FILED  
Apr 18, 2011  
Secretary of State

Entity Name: LIGNUM-2, INC.

**Current Principal Place of Business:**

900 CHURCH STREET  
BOWLING GREEN, KY 42101 US

**New Principal Place of Business:**

**Current Mailing Address:**

900 CHURCH STREET  
BOWLING GREEN, KY 42101 US

**New Mailing Address:**

FEI Number: 94-2994213      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 S 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MERCER, JOHN  
Address: 900 CHURCH STREET  
City-St-Zip: BOWLING GREEN, KY 42101

Title: VP  
Name: MELTON, WILLIAM  
Address: 900 CHURCH STREET  
City-St-Zip: BOWLING GREEN, KY 42101

Title: SEC  
Name: WILKEY, ROB  
Address: 900 CHURCH STREET  
City-St-Zip: BOWLING GREEN, KY 42101

Title: DIR  
Name: MERCER, JOHN  
Address: 900 CHURCH STREET  
City-St-Zip: BOWLING GREEN, KY 42101

Title: DIR  
Name: MELTON, WILLIAM  
Address: 900 CHURCH STREET  
City-St-Zip: BOWLING GREEN, KY 42101

Title: DIR  
Name: WILKEY, ROB  
Address: 900 CHURCH STREET  
City-St-Zip: BOWLING GREEN, KY 42101

I hereby 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 all other like empowered.

SIGNATURE: ROB WILKEY

SECR

04/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date