

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P34979

1. Entity Name

TROVER SOLUTIONS, INC.



Principal Place of Business

1930 BISHOP LANE,
LOUISVILLE KY 40218

Mailing Address

ATTN: PRISULLA TINGLE
1930 BISHOP LN.
LOUISVILLE KY 40218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1141758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CCEO
MCGINNIS, PATRICK
3906 EAGLE WAY
PROSPECT KY 40059 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EVP
SHARPS, DOUGLAS
4043 ORMOND RD.
LOUISVILLE KY 40207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVP
JEFFERSON, ROBERT
11000 BUCKEYE TRACE
GOSHEN KY 40026 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVP
BATES, MARK
12109 WAYSIDE LANE
GOSHEN KY 40026 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EVP
BADER, ROBERT
1117 CARDINAL DR.
LOUISVILLE KY 40213 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EVP
MURPHY, DEBRA
548 BARBERRY LANE
LOUISVILLE KY 40208 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U00000061275
02/23/04-80074-006 150.00

TITLE
NAME
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CITY - ST - ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/04

502-454-1340