

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34979

FILED
Apr 24, 2009
Secretary of State

Entity Name: TROVER SOLUTIONS, INC.

Current Principal Place of Business:

9390 BUNSEN PARKWAY
LOUISVILLE, KY 40220

New Principal Place of Business:

Current Mailing Address:

9390 BUNSEN PARKWAY
LOUISVILLE, KY 40220

New Mailing Address:

FEI Number: 61-1141758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: CEO () Delete
Name: BADER, ROBERT G
Address: 9390 BUNSEN PARKWAY
City-St-Zip: LOUISVILLE, KY 40220

Title: CFO () Delete
Name: SHARPS, DOUGLAS
Address: 9390 BUNSEN PARKWAY
City-St-Zip: LOUISVILLE, KY 40220

Title: EVP () Delete
Name: GARNER, MICHAEL C
Address: 9390 BUNSEN PARKWAY
City-St-Zip: LOUISVILLE, KY 40220

Title: EVP () Delete
Name: BATES, MARK
Address: 9390 BUNSEN PARKWAY
City-St-Zip: LOUISVILLE, KY 40220

Title: EVP () Delete
Name: MURPHY, DEBRA
Address: 9390 BUNSEN PARKWAY
City-St-Zip: LOUISVILLE, KY 40220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BADER, ROBERT G
Address: 9390 BUNSEN PARKWAY
City-St-Zip: LOUISVILLE, KY 40220

Title: TSVP (X) Change () Addition
Name: SHARPS, DOUGLAS
Address: 9390 BUNSEN PARKWAY
City-St-Zip: LOUISVILLE, KY 40220

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

Title: VP (X) Change () Addition
Name: BATES, MARK
Address: 9390 BUNSEN PARKWAY
City-St-Zip: LOUISVILLE, KY 40220

Title: VP (X) Change () Addition
Name: MURPHY, DEBRA
Address: 9390 BUNSEN PARKWAY
City-St-Zip: LOUISVILLE, KY 40220

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: DOUGLAS R. SHARPS

TS

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date