

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34979

FILED  
Jun 17, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BADER, ROBERT G  
Address: 9390 BUNSEN PARKWAY  
City-St-Zip: LOUISVILLE, KY 40220

Title: SVP  
Name: SHARPS, DOUGLAS  
Address: 9390 BUNSEN PARKWAY  
City-St-Zip: LOUISVILLE, KY 40220

Title: VP  
Name: GARNER, MICHAEL C  
Address: 9390 BUNSEN PARKWAY  
City-St-Zip: LOUISVILLE, KY 40220

Title: VP  
Name: BATES, MARK  
Address: 9390 BUNSEN PARKWAY  
City-St-Zip: LOUISVILLE, KY 40220

Title: VP  
Name: MURPHY, DEBRA  
Address: 9390 BUNSEN PARKWAY  
City-St-Zip: LOUISVILLE, KY 40220

Title: CFO  
Name: FRENCH, GLEN  
Address: 9390 BUNSEN PARKWAY  
City-St-Zip: LOUISVILLE, KY 40220

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: DOUGLAS SHARPS

SVP

06/17/2011

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

\_\_\_\_\_ Date