

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001730

Entity Name: ARBOR PEO, INC.

FILED  
Jan 07, 2011  
Secretary of State

## Current Principal Place of Business:

9901 LINN STATION RD.  
LOUISVILLE, KY 40223 US

## New Principal Place of Business:

## Current Mailing Address:

9901 LINN STATION RD.  
LOUISVILLE, KY 40223 US

## New Mailing Address:

FEI Number: 26-2423152

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: P  
Name: GRONEFELD, RALPH  
Address: 9901 LINN STATION RD. LOUISVILLE KY 40223  
City-St-Zip: LOUISVILLE, KY 40223 US

Title: VP  
Name: KELLEY, PATRICK  
Address: 9901 LINN STATION RD. LOUISVILLE KY 40223  
City-St-Zip: LOUISVILLE, KY 40223 US

Title: S  
Name: WASKEY, DAVID  
Address: 9901 LINN STATION RD. LOUISVILLE KY 40223  
City-St-Zip: LOUISVILLE, KY 40223 US

Title: D  
Name: GRONEFELD, RALPH G  
Address: 9901 LINN STATION ROAD LOUISVILLE KY 40223  
City-St-Zip: LOUISVILLE, KY 40223 US

Title: T  
Name: MILES, DAVID W  
Address: 9901 LINN STATION ROAD LOUISVILLE KY 40223  
City-St-Zip: LOUISVILLE, KY 40223 US

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: DAVID WASKEY

S

01/07/2011

Electronic Signature of Signing Officer or Director

Date