2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# 836130

Entity Name: BEGLEY COMPANY

Current Principal Place of Business:

1850 BRYANT ROAD, SUITE #400
LEXINGTON, KY 40509 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 55910
LEXNGTON, KY 40555 US

New Mailing Address:

FEI Number: 61-0415733 **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 ROAD
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: SCHACHT, JOHN
Address: 1850 BRYANT ROAD, SUITE #400
City-St-Zip: LEXINGTON, KY 40509

Title: VT ( ) Delete
Name: SNYDER, WARREN
Address: 1850 BRYANT ROAD, SUITE #400
City-St-Zip: LEXINGTON, KY 40509

Title: V ( ) Delete
Name: JENNINGS, BRAD
Address: 1850 BRYANT ROAD, SUITE #400
City-St-Zip: LEXINGTON, KY 40509

Title: V ( ) Delete
Name: GORGAS, PHIL
Address: 1850 BRYANT ROAD, SUITE #400
City-St-Zip: LEXINGTON, KY 40509

Title: V ( ) Delete
Name: PETERS, KEN
Address: 1850 BRYANT ROAD, SUITE #400
City-St-Zip: LEXINGTON, KY 40509

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN M. SCHACHT PSD 01/12/2006

Electronic Signature of Signing Officer or Director Date