


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 852232**  
 1. Entity Name  
 GK TECHNOLOGIES, INCORPORATED



Principal Place of Business      Mailing Address  
 4 TESSENEER DR                      4 TESSENEER DR  
 HIGHLAND HEIGHTS, KY 41076    US      HIGHLAND HEIGHTS, KY 41076    US

**DO NOT WRITE IN THIS SPACE**



03262008    No Chg-P    CR2E034 (11/05)

4. FEI Number 13-3064555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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	PCEO KENNY, GREGORY 7756 TECUMSEH TR. CINCINNATI, OH 45243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROBINSON, BRIAN J 6307 TRAIL RIDGE COURT LOVELAND, OH 45140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS SIVERD, ROBERT J. 6700 ALBERLY RD. CINCINNATI, OH 45243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WHELAN, JEFFREY J 9006 PATRICKS GLEN CINCINNATI, OH 45242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/17/08-80051-005 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  Jeffrey J. Whelan    4/3/2008    859 572 8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #