

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 852248

FILED
Nov 13, 2008
Secretary of State

Entity Name: URETHANE OF KENTUCKIANA, INCORPORATED

Current Principal Place of Business:

10801 BLUEGRASS PARKWAY
LOUISVILLE, KY 40299

New Principal Place of Business:

10801 PLANTSIDE DRIVE
LOUISVILLE, KY 40299

Current Mailing Address:

10801 BLUEGRASS PARKWAY
LOUISVILLE, KY 40299

New Mailing Address:

10801 PLANTSIDE DRIVE
LOUISVILLE, KY 40299

FEI Number: 61-0852093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STUMLER, MELVIN
458 PARTRIDGE CIRCLE
SARASOTA, FL 34236 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: MELVIN STUMLER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STUMLER, MELVIN
Address: 6404 LOI ROAD
City-St-Zip: FLOYDS KNOBS, IN 47119

Title: V () Delete
Name: STUMLER, RICHARD M
Address: 6410 LOI RD
City-St-Zip: FLOYD KNOBS, IN 47119

Title: T () Delete
Name: STUMLER, SEAN
Address: 6414 LOI RD
City-St-Zip: FLOYD KNOBS, IN 47119

Title: S () Delete
Name: BAIRD, MICHAEL
Address: 6608 LOI ROAD
City-St-Zip: FLOYD KNOBS, IN 47119

Title: () Delete
Name:
Address:
City-St-Zip:

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: CFO () Change (X) Addition
Name: MARTIN, TIMOTHY
Address: 1605 NOLE DRIVE
City-St-Zip: JEFFERSONVILLE, IN 47130 US

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: TIM MARTIN

Electronic Signature of Signing Officer or Director

CFO

11/13/2008

Date