

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852248

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: URETHANE OF KENTUCKIANA, INCORPORATED

**Current Principal Place of Business:**

10801 PLANTSIDE DRIVE  
LOUISVILLE, KY 40299

**New Principal Place of Business:**

326 MOUNT TABOR ROAD  
NEW ALBANY, IN 47150

**Current Mailing Address:**

10801 PLANTSIDE DRIVE  
LOUISVILLE, KY 40299

**New Mailing Address:**

326 MOUNT TABOR ROAD  
NEW ALBANY, IN 47150

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: STUMLER, MELVIN  
Address: 458 PARTRIDGE CIRCLE  
City-St-Zip: SARASOTA, FL 34236

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 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

04/06/2009

\_\_\_\_\_ Date