# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2010**
**Secretary of State**

DOCUMENT# 855956

**Entity Name:** RES-CARE, INC.

**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: 61-0875371** **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: D
Name: GEARY, RONALD
Address: 9901 LINN STATION RD LOUISVILLE KY
City-St-Zip: LOUISVILLE, KY 40223 US

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

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

Title: D
Name: KIRTLEY, OLIVIA F
Address: 9901 LINN STATION RD LOUISVILLE KY 40223
City-St-Zip: LOUISVILLE, KY 40223 US

Title: V
Name: MILES, DAVID W
Address: 9901 LINN STATION ROAD
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 S WASKEY S 01/08/2010

Electronic Signature of Signing Officer or Director Date