

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Apr 26, 2005 8:00 am
Secretary of State

03-24-2005 90044 029 ***150.00

DOCUMENT # F00000001376 1. Entity Name OFFICE SUITES PLUS PROPERTIES, INC.	
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Principal Place of Business 2333 ALEXANDRIA DRIVE LEXINGTON, KY 40504-3215	Mailing Address 2333 ALEXANDRIA DRIVE LEXINGTON, KY 40504-3215
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66013127



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2105540	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PCD COWGILL, NORWOOD JR. <i>Chairman of the Board</i> 2640 PARIS PIKE LEXINGTON, KY 40511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BAUGHMAN, JAMES C JR. <i>President Secretary Director</i> 2124 ISLAND DRIVE LEXINGTON, KY 40502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VITTITOW, DONALD F <i>CEO</i> 4508 MEADOWBRIDGE COURT LEXINGTON, KY 40515
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BEAUCHAMP, SCOTT A <i>Vice President - Information Technology</i> 102 REDWOOD DR. RICHMOND, KY 40475
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUPREE, THOMAS P <i>Director</i> PO BOX 1149 LEXINGTON, KY 40589
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Director</i> Richard Furst <i>Director</i> 2133 Rothbury Rd <i>Warren Rosenthal</i> Lexington KY 40515 <i>Patchen Wilkes Farm</i> Lexington KY 40555

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: *[Signature]* *Donald Vittitow* *CEO* (859) 514-2148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #