


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000006459</b> 1. Entity Name SPECTRABRACE, LTD. CORP.	
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Principal Place of Business 11802 BRINLEY AVENUE LOUISVILLE, KY 40243	Mailing Address 11802 BRINLEY AVENUE LOUISVILLE, KY 40243
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**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1538883	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  
  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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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 reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LESSER, WARREN P 11802 BRINLEY AVENUE LOUISVILLE, KY 40243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARDS, THOMAS A 11802 BRINLEY AVENUE LOUISVILLE, KY 40243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOLEY, IRVIN D 200 S. FIFTH STREET, SUITE 300 SOUTH LOUISVILLE, KY 40202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITEHEAD, GARY R 11802 BRINLEY AVENUE LOUISVILLE, KY 40243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/04-80050-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Michelle Shultz VP Finance 4-19-04 (503) 244-2774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #