

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006647

Entity Name: ALEC, INC.

FILED  
Apr 07, 2009  
Secretary of State

## Current Principal Place of Business:

250 W MAIN ST, STE 1920  
LEXINGTON, KY 40507

## New Principal Place of Business:

## Current Mailing Address:

250 W MAIN ST, STE 1920  
LEXINGTON, KY 40507

## New Mailing Address:

FEI Number: 62-1695076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: CEO ( ) Delete  
Name: PHILLIPS, MATTHEW J  
Address: 11492 BLUEGRASS PARKWAY SUITE 107  
City-St-Zip: LOUISVILLE, KY 40299

Title: CFO ( ) Delete  
Name: EDELEN, SCOTT  
Address: 11492 BLUEGRASS PARKWAY SUITE 107  
City-St-Zip: LOUISVILLE, KY 40299

Title: DIR ( ) Delete  
Name: HAYES, MARK  
Address: 2704 OLD ROSEBUD ROAD SUITE 270  
City-St-Zip: LEXINGTON, KY 40509

Title: DIR ( ) Delete  
Name: TRONS RUE, GEORGE  
Address: 330 289TH PLACE NE  
City-St-Zip: CARNATION, WA 98014

Title: DIR ( ) Delete  
Name: STEENROD, WRIGHT  
Address: 101 S 5TH STREET  
City-St-Zip: LOUISVILLE, KY 40202

Title: DIR ( ) Delete  
Name: MCKAY, ANDY  
Address: 124 N 1ST ST  
City-St-Zip: LOUISVILLE, KY 40202

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: COO (X) Change ( ) Addition  
Name: CARR, JEFF  
Address: 11492 BLUEGRASS PARKWAY SUITE 107  
City-St-Zip: LOUISVILLE, KY 40299

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: SCOTT EDELEN

CFO

04/07/2009

Electronic Signature of Signing Officer or Director

Date