2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002322

Entity Name: KH FINANCIAL HOLDING COMPANY

FILED Apr 12, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5999 NEW WILKE ROAD, SUITE 205 ROLLING MEADOWS, IL 60008				5999 NEW WILKE RD., STE 504 ROLLING MEADOWS, IL 60008			
Current Mailing Address:				New Mailing Address:			
5999 NEW WILKE ROAD, SUITE 205 ROLLING MEADOWS, IL 60008				5999 NEW WILKE RD., STE 504 ROLLING MEADOWS, IL 60008			
FEI Number:	36-4386898	FEI Number Applied For ()	FEI Numl	ber Not Appli	cable () C	ertificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US							
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:			1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HILL, DAVID K	elete E ROAD, SUITE 205 DWS, IL 60008	1	Title: Name: Address: City-St-Zip:	PRES (X) CH LONG, WILLIAM E 5999 NEW WILKE ROLLING MEADO	RD., STE 504	
Title: Name: Address: City-St-Zip:	LONG, WILLIAM	E ROAD, SUITE 205	1	Title: Name: Address: City-St-Zip:	SEC (X) Ch LOFTUS, BRIAN A 5999 NEW WILKE ROLLING MEADO	RD., STE 504	
Title: Name: Address: City-St-Zip:	BARBER, HAL H	elete E ROAD, SUITE 205 DWS, IL 60008	1	Title: Name: Address: City-St-Zip:	TREA (X) CH MADELL, EDWARI 5999 NEW WILKE ROLLING MEADO	RD., STE 504	
Title: Name: Address: City-St-Zip:	ROWEHL, EUGEI	E ROAD, SUITE 205	1	Title: Name: Address: City-St-Zip:	VP (X) CH BARBER, HAL H 5999 NEW WILKE ROLLING MEADO	•	
Title: Name: Address: City-St-Zip:	PETERSON, JOA	E ROAD, SUITE 205	1	Title: Name: Address: City-St-Zip:	DIR (X) CH HILL, DAVID K 5999 NEW WILKE ROLLING MEADO		
Title: Name: Address: City-St-Zip:	() [velete	1	Title: Name: Address: Citv-St-Zip:	DIR () CH LONG, WILLIAM K 5999 NEW WILKE ROLLING MEADON	RD., STE 504	

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: ANNE MEYER POA 04/12/2008