


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90332 018 ***158.75

DOCUMENT # F01000005153	
1. Entity Name APPRISS INC.	

Principal Place of Business 10401 LINN STATION ROAD SUITE 200 LOUISVILLE, KY 40223	Mailing Address 10401 LINN STATION ROAD SUITE 200 LOUISVILLE, KY 40223
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14001133



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04222005 Chg-P CR2E034 (10/03)

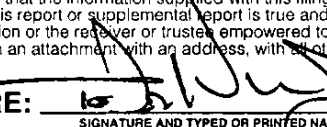
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P DAVIS, MICHAEL D 10401 LINN STATION ROAD LOUISVILLE, KY 40223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP Ted Williams 10401 Linn Station Road Louisville, KY 40223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D TYRELL, JACK 200 31ST AVENUE NORTH #200 NASHVILLE, TN 37203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP Tom Seigle 10401 Linn Station Road Louisville, KY 40223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	STD COBB, DOUGLAS F 10401 LINN STATION ROAD LOUISVILLE, KY 40223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D GRISSOM, J. DAVID 400 WEST MARKET STREET, SUITE 2510 LOUISVILLE, KY 40202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	Director Michael Gellert 122 E. 42nd Street 49th Floor New York, NY 10168-0130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V OLDHAM, BRIAN 10401 LINN STATION ROAD LOUISVILLE, KY 40223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	Director Yung Nguyen 13806 High Trail Court Jeffersontown, KY 40299 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D ALPIN, JOHN ONE AMERICAN SQUARE #2850 INDIANAPOLIS, IN 46282 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 4/22/05 502 815-3930 <small>Daytime Phone #</small>