

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90007 043 ***150.00

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1. Entity Name
SAFETRAN SYSTEMS CORPORATION



Principal Place of Business
**2400 NELSON MILLER PARKWAY
LOUISVILLE, KY 40223**

Mailing Address
**2400 NELSON MILLER PARKWAY
LOUISVILLE, KY 40223**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
61-0720011

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VSD** ☐ Delete
NAME **KEAT, M PASTOR**
STREET ADDRESS **8609 SIX FORKS RD**
CITY-ST-ZIP **RALEIGH, NC 27615**

TITLE **V** ☒ Delete
NAME **CROWTHER, BRIAN**
STREET ADDRESS **2400 NELSON MILLER PKWY**
CITY-ST-ZIP **LOUISVILLE, KY 40223**

TITLE **DP** ☐ Delete
NAME **KLINE, GEORGE L**
STREET ADDRESS **2400 NELSON MILLER PARKWAY**
CITY-ST-ZIP **LOUISVILLE, KY 40223**

TITLE **V** ☐ Delete
NAME **SCHORER, THOMAS E**
STREET ADDRESS **14202 WILLOW GROVE CIR**
CITY-ST-ZIP **LOUISVILLE, KY 40245**

TITLE **S** ☐ Delete
NAME **TURNOR, PATRICIA**
STREET ADDRESS **238 WESTON RD**
CITY-ST-ZIP **WESTON, CT 06883**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VSD** ☒ Change ☐ Addition
NAME **KENT, PETER M**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **SMITH, NIGEL**
STREET ADDRESS **2400 NELSON MILLER PKWY**
CITY-ST-ZIP **LOUISVILLE KY 40223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Change ☐ Addition
NAME **SCHERER, THOMAS E**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME **TURNER, PATRICIA**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Thomas E Scherer **Thomas E Scherer** 1/12/04 (502) 244-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #