

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005845

FILED
Mar 10, 2005
Secretary of State

Entity Name: SAFETRAN SYSTEMS CORPORATION

Current Principal Place of Business:

2400 NELSON MILLER PARKWAY
LOUISVILLE, KY 40223

New Principal Place of Business:

Current Mailing Address:

2400 NELSON MILLER PARKWAY
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 61-0720011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: VSD () Delete
Name: KENT, PETER M
Address: 8609 SIX FORKS RD
City-St-Zip: RALEIGH, NC 27615

Title: DP () Delete
Name: KLINE, GEORGE L
Address: 2400 NELSON MILLER PARKWAY
City-St-Zip: LOUISVILLE, KY 40223

Title: V () Delete
Name: SHERER, THOMAS E
Address: 14202 WILLOW GROVE CIR
City-St-Zip: LOUISVILLE, KY 40245

Title: S () Delete
Name: TURNER, PATRICIA
Address: 238 WESTON RD
City-St-Zip: WESTON, CT 06883

Title: V () Delete
Name: SMITH, NIGEL
Address: 2400 NELSON MILLER PKWY
City-St-Zip: LOUISVILLE, KY 40223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: THOMAS E SCHERER

V

03/10/2005

Electronic Signature of Signing Officer or Director

Date