

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # F02000005845

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



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-0720011

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

U000000911424
05/07/08-80039-021-150.00

10. OFFICERS AND DIRECTORS

TITLE: VSD
NAME: WHITFIELD, ELEANOR K
STREET ADDRESS: P.O. BOX 85 FOUNDRY LN
CITY-ST-ZIP: WILTSHIRE, UNITED KINGDOM, sn15 1rt

TITLE: DP
NAME: ROSS, CHARLES L
STREET ADDRESS: 2400 NELSON MILLER PARKWAY
CITY-ST-ZIP: LOUISVILLE, KY 40223

TITLE: S
NAME: TURNER, PATRICIA
STREET ADDRESS: 238 WESTON RD
CITY-ST-ZIP: WESTON, CT 06883

TITLE: V
NAME: KERR, PAUL R
STREET ADDRESS: 2400 NELSON MILLER PKWY
CITY-ST-ZIP: LOUISVILLE, KY 40223

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *PAUL R KERR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.14.8 502 618 8786