


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000002264
 1. Entity Name
 RIETSCHLE THOMAS HANOVER, INC.



Principal Place of Business: 4360 BROWNSBORO ROAD STE. 300 LOUISVILLE, KY 40207
 Mailing Address: 4360 BROWNSBORO ROAD STE. 300 LOUISVILLE, KY 40207

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number: 52-1302710 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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BROWN, TIMOTHY C
STREET ADDRESS	4360 BROWNSBORO ROAD STE. 300
CITY-ST-ZIP	LOUISVILLE, KY 40207
TITLE	DS
NAME	STUECKER, PHILLIP J
STREET ADDRESS	4360 BROWNSBORO ROAD STE. 300
CITY-ST-ZIP	LOUISVILLE, KY 40207
TITLE	DT
NAME	WISEMAN, RONALD D
STREET ADDRESS	4360 BROWNSBORO ROAD STE. 300
CITY-ST-ZIP	LOUISVILLE, KY 40207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/07/05-80075-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ronald D. Wiseman Ronald D. Wiseman, Treasurer 1-14-05 502-893-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #