

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90041 010 ***150.00

DOCUMENT # F0400002264

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

50024441



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1800 Gardner Expressway
 Suite, Apt. #, etc.

07202006 Chg-P CR2E034 (11/05)

City & State
Quincy, IL

4. FEI Number
52-1302710

Applied For
 Not Applicable

Zip
62301

Country
United States

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 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 _____ 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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Delete
 NAME **BROWN, TIMOTHY C**
 STREET ADDRESS **4360 BROWNSBORO ROAD STE. 300**
 CITY-ST-ZIP **LOUISVILLE, KY 40207**

TITLE **President** Change Addition
 NAME **Helen Cornell**
 STREET ADDRESS **1800 Gardner Expressway**
 CITY-ST-ZIP **Quincy, IL 62301**

TITLE **DS** Delete
 NAME **STUECKER, PHILLIP J**
 STREET ADDRESS **4360 BROWNSBORO ROAD STE. 300**
 CITY-ST-ZIP **LOUISVILLE, KY 40207**

TITLE **VP + Secretary** Change Addition
 NAME **Tracy Pagliaro**
 STREET ADDRESS **1800 Gardner Expressway**
 CITY-ST-ZIP **Quincy, IL 62301**

TITLE **DT** Delete
 NAME **WISEMAN, RONALD D**
 STREET ADDRESS **4360 BROWNSBORO ROAD STE. 300**
 CITY-ST-ZIP **LOUISVILLE, KY 40207**

TITLE **Asst Secretary** Change Addition
 NAME **Jeremy Steele**
 STREET ADDRESS **1800 Gardner Expressway**
 CITY-ST-ZIP **Quincy, IL 62301**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____ Delete
 NAME _____
 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 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: Helen Cornell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/06 217-222-5400
 Date Daytime Phone #