2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# F04000007080

Entity Name: KPS ORLANDO, INC.

Current Principal Place of Business:

1901 CAMPUS PLACE
LOUISVILLE, KY 40299

New Principal Place of Business:

Current Mailing Address:

1901 CAMPUS PLACE
LOUISVILLE, KY 40299

New Mailing Address:

TAX DEPARTMENT
1901 CAMPUS PLACE
LOUISVILLE, KY 40299

FEI Number: 20-1693261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P ( ) Delete
Name: WIESHAR, GREGORY
Address: 1901 CAMPUS PLACE
City-St-Zip: LOUISVILLE, KY 40299

Title: VP/S ( ) Delete
Name: HERNANDEZ, ANTHONY
Address: 1901 CAMPUS PLACE
City-St-Zip: LOUISVILLE, KY 40299

Title: T ( ) Delete
Name: CULOTTE, MICHAEL J
Address: 1901 CAMPUS PLACE
City-St-Zip: LOUISVILLE, KY 40299

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/S (X) Change ( ) Addition
Name: CANERIS, THOMAS A
Address: 1901 CAMPUS PLACE
City-St-Zip: LOUISVILLE, KY 40299

Title: T (X) Change ( ) Addition
Name: CULOTTA, MICHAEL J
Address: 1901 CAMPUS PLACE
City-St-Zip: LOUISVILLE, KY 40299

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL J. CULOTTA TREA 04/17/2009

Electronic Signature of Signing Officer or Director — Date