

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005659

FILED
Feb 17, 2009
Secretary of State

Entity Name: DENHAM-BLYTHE COMPANY, INC.

Current Principal Place of Business:

100 TRADE STREET
LEXINGTON, KY 40511

New Principal Place of Business:

Current Mailing Address:

PO BOX 11636
LEXINGTON, KY 40576

New Mailing Address:

FEI Number: 61-0902693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: CPS () Delete
Name: MUDD, ROBERT C
Address: 100 TRADE STREET
City-St-Zip: LEXINGTON, KY 40511

Title: DVP () Delete
Name: COX, MICHAEL W
Address: 100 TRADE STREET
City-St-Zip: LEXINGTON, KY 40511

Title: DT () Delete
Name: STEINER, DENIS G
Address: 100 TRADE STREET
City-St-Zip: LEXINGTON, KY 40511

Title: MR () Delete
Name: QUENEMOEN, WILLIAM M VP
Address: 100 TRADE STREET
City-St-Zip: LEXINGTON, KY 40511

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STEINER, DENIS G
Address: 100 TRADE STREET
City-St-Zip: LEXINGTON, KY 40511

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

Title: DVP (X) Change () Addition
Name: DAVIS, JAMES K VP
Address: 100 TRADE STREET
City-St-Zip: LEXINGTON, KY 40511

Title: DVP (X) Change () Addition
Name: QUENEMOEN, WILLIAM M VP
Address: 100 TRADE STREET
City-St-Zip: LEXINGTON, KY 40511

Title: DVP () Change (X) Addition
Name: HOHN, VANCE VP
Address: 100 TRADE STREET
City-St-Zip: LEXINGTON, KY 40511

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: WILLIAM QUENEMOEN

VP

02/17/2009

Electronic Signature of Signing Officer or Director

Date