

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004842

FILED
Jul 09, 2008
Secretary of State

Entity Name: SMOOTHSTONE IP COMMUNICATIONS CORPORATION

Current Principal Place of Business:

401 S FOURTH STREET
200 SMOOTHSTONE CENTER
LOUISVILLE, KY 40202

New Principal Place of Business:

Current Mailing Address:

401 S FOURTH STREET
200 SMOOTHSTONE CENTER
LOUISVILLE, KY 40202

New Mailing Address:

FEI Number: 20-2643344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: BORGMAN, PAUL
Address: 401 S FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: ST () Delete
Name: DEARK, MELISSA
Address: 401 S FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: D () Delete
Name: ABRAMS, RONALD
Address: 401 S FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: D () Delete
Name: WELLEMAYER, JEFF
Address: 401 S FOURTH STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: D () Delete
Name: BUCKNER, KAREN
Address: 103 SKOKIE BOULEVARD, SUITE 430
City-St-Zip: NORTHBROOK, IL 60062

Title: D () Delete
Name: MAXWELL, BRET
Address: 103 SKOKIE BOULEVARD, SUITE 430
City-St-Zip: NORTHBROOK, IL 60062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: LORRAIN H. BOONE

Electronic Signature of Signing Officer or Director

TAXM

07/09/2008

Date