

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002334

FILED  
Jan 12, 2012  
Secretary of State

Entity Name: TRU-CHECK, INC.

**Current Principal Place of Business:**

817 WEST COLUMBIA  
SOMERSET, KY 42501

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1515  
SOMERSET, KY 42502

**New Mailing Address:**

FEI Number: 61-1249037      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RAY, WILLIAM G  
Address: 817 WEST COLUMBIA ST. STE 2  
City-St-Zip: SOMERSET, KY 42501

Title: VPD  
Name: RAY, TERRY W  
Address: 817 WEST COLUMBIA ST. STE 2  
City-St-Zip: SOMERSET, KY 42501

Title: SVP  
Name: SPENGLER, JAMES R  
Address: 980 ELLICOTT STREET  
City-St-Zip: BUFFALO, NY 14209

Title: TD  
Name: SPENGLER, JAMES R  
Address: 980 ELLICOTT STREET  
City-St-Zip: BUFFALO, NY 14209

Title: VP  
Name: HEUER, WILLIAM W  
Address: 980 ELLICOTT STREET  
City-St-Zip: BUFFALO, NY 14209

Title: D  
Name: RAY, ROBERT M  
Address: 817 WEST COLUMBIA ST. STE 2  
City-St-Zip: SOMERSET, KY 42501

I hereby 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 all other like empowered.

SIGNATURE: TERRY W RAY

VP

01/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date