

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2008 08:00 AM
Secretary of State**

DOCUMENT # F07000005616

1. Entity Name
KENTUCKY DATA LINK, INC.



Principal Place of Business
**3701 COMMUNICATIONS WAY
EVANSVILLE, IN 47715**

Mailing Address
**8829 BOND STREET
OVERLAND PARK, KS 66214**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1196739

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U00000789012
01/22/08-80008-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CINELLI, ALBERT E 8829 BOND STREET OVERLAND PARK, KS 66214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENBANK, JOHN C 3701 COMMUNICATIONS WAY EVANSVILLE, IN 47715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAWKS, COLE W 8829 BOND STREET OVERLAND PARK, KS 66214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORR, ED 8829 BOND STREET OVERLAND PARK, KS 66214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBER, LOHN H 8829 BOND STREET OVERLAND PARK, KS 66214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

Ed Corr Vice President Tax
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/2008 913-754-3305