2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# F08000001521

Entity Name: ALPH C. KAUFMAN, INC.

Current Principal Place of Business:

114 N. 11TH STREET
LOUISVILLE, KY 40203

New Principal Place of Business:

Current Mailing Address:

114 N. 11TH STREET
LOUISVILLE, KY 40203

New Mailing Address:

FEI Number: 61-0573799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., STE.101
TALLAHASSEE, FL 323012960 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: CHRM ( ) Delete
Name: KAUFMAN, LOUIS
Address: 114 N. 11TH STREET
City-St-Zip: LOUISVILLE, KY 40203

Title: P ( ) Delete
Name: KAUFMAN, MIKE
Address: 114 N. 11TH STREET
City-St-Zip: LOUISVILLE, KY 40203

Title: VP ( ) Delete
Name: COMBS, BILLY J
Address: 114 N. 11TH STREET
City-St-Zip: LOUISVILLE, KY 40203

Title: ST ( ) Delete
Name: KAUFMAN, MARSHALL
Address: 114 N. 11TH STREET
City-St-Zip: LOUISVILLE, KY 40203

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:

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: MARY COTTRELL ACCT 06/23/2009

Electronic Signature of Signing Officer or Director — Date