2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F92000000619

POWELL, JEANNIE

BRENTWOOD, TN 37027

201 SUMMIT VIEW DRIVE, STE. 115

Name:

Address:

City-St-Zip:

Entity Name: JANUARY AND ASSOCIATES, INC.

FILED Oct 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 201 SUMMIT VIEW DRIVE, STE. 115 BRENTWOOD, TN 37027 **Current Mailing Address: New Mailing Address:** 201 SUMMIT VIEW DRIVE, STE. 115 BRENTWOOD, TN 37027 FEI Number: 61-1169202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: JENNIFER AULTMAN, ASSISTANT VICE PRESIDENT Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SCOPPECHIO, DEBBIE W Name: Name: 437 W. JEFFERSON STREET Address: Address: City-St-Zip: LOUISVILLE, KY 40202 City-St-Zip: Title: Title: () Delete () Change () Addition DUFFY, RICHARD Name: Name: 437 W. JEFFERSON STREET Address: Address: LOUISVILLE, KY 40202 City-St-Zip: City-St-Zip: Title: Title: PD () Delete () Change () Addition BARRY, STEPHEN Name: Name: 201 SUMMIT VIEW DRIVE, STE. 115 Address: Address: City-St-Zip: BRENTWOOD, TN 37027 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JEANNIE POWELL CFO 10/29/2008