FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003664 (0)**

1. Corporation Name

UNIDIAL INCORPORATED

Principal Place of Business	Mailing Address
12910 SHELBYVILLE RD. SUITE 211 LOUISVILLE KY 40243	12910 SHELBYVILLE RD. SUITE 211 LOUISVILLE KY 40243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/11/1993**
3a. Date of Last Report: **09/16/1994**

2. Principal Place of Business — 21: 12910 SHELBYVILLE RD
Suite, Apt. #, etc. — 22: SUITE 211
City & State — 23: LOUISVILLE, KY
Zip — 24: 40243
County — 25: JEFFERSON

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29:
County — 30:

4. FEI Number: **61-1240037** ☐ Applied For ☐ Not Applicable

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

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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	11 TITLE	☐ Change ☐ Addition
NAME	GARVIN, FINLEY J	12 NAME	
STREET ADDRESS	12910 SHELBYVILLE ROAD., SUITE 211	13 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KN 40243	14 CITY-ST-ZIP	LOUISVILLE, KY. 40243
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, J. SHERMAN III	22 NAME	
STREET ADDRESS	12910 SHELBYVILLE RD., SUITE 211	23 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KN 40243	24 CITY-ST-ZIP	LOUISVILLE, KY. 40243
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	WAMPLER, EDWARD J	32 NAME	
STREET ADDRESS	12910 SHELBYVILLE RD., SUITE 211	33 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KN 40243	34 CITY-ST-ZIP	LOUISVILLE, KY. 40243
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	RICHEY, KENNETH D	42 NAME	
STREET ADDRESS	12910 SHELBYVILLE ROAD SUITE 211	43 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KN 40243	44 CITY-ST-ZIP	LOUISVILLE, KY. 40243
TITLE	V	51 TITLE	V ☐ Change ☐ Addition
NAME	WIDENER, BRUCE	52 NAME	WIDENER, BRUCE
STREET ADDRESS	12910 SHELBYVILLE ROAD SUITE 211	53 STREET ADDRESS	12910 SHELBYVILLE ROAD SUITE 211
CITY-ST-ZIP	LOUISVILLE, KY. 40243	54 CITY-ST-ZIP	LOUISVILLE, KY. 40243
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Kenneth D. Richey KENNETH D. RICHEY 4/17/95 (502) 244-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

047A051 FP