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Feb 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000003664 (0)

1. Corporation Name

UNIDIAL INCORPORATED



Principal Place of Business

12910 SHELBYVILLE RD  
SUITE 211  
LOUISVILLE KY 40243  
US

Mailing Address

12910 SHELBYVILLE RD.  
SUITE 211  
LOUISVILLE KY 40243-1594

3. Date Incorporated or Qualified

08/11/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCEO ☒ DELETE  
NAME GARVIN, FINLEY J  
STREET ADDRESS 12910 SHELBYVILLE ROAD., SUITE 211  
CITY-ST-ZIP LOUISVILLE KY

TITLE PD ☐ DELETE  
NAME HENDERSON, J. SHERMAN III  
STREET ADDRESS 12910 SHELBYVILLE RD., SUITE 211  
CITY-ST-ZIP LOUISVILLE KY

TITLE V ☐ DELETE  
NAME WAMPLER, EDWARD J  
STREET ADDRESS 12910 SHELBYVILLE RD., SUITE 211  
CITY-ST-ZIP LOUISVILLE KY

TITLE ST ☒ DELETE  
NAME RICHEY, KENNETH D  
STREET ADDRESS 12910 SHELBYVILLE ROAD SUITE 211  
CITY-ST-ZIP LOUISVILLE KY

TITLE V ☐ DELETE  
NAME WIDENER, BRUCE  
STREET ADDRESS 12910 SHELBYVILLE RD STE 211  
CITY-ST-ZIP LOUISVILLE KY

TITLE V ☐ DELETE  
NAME SEIER, STEVE  
STREET ADDRESS 12910 SHELBYVILLE RD STE 211  
CITY-ST-ZIP LOUISVILLE KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V VP OF FINANCE & Admini ☐ Change ☒ Addition  
1.2 NAME T. Douglas Webb  
1.3 STREET ADDRESS 12910 Shelbyville Rd., Ste 211  
1.4 CITY-ST-ZIP Louisville KY 40223

2.1 TITLE VP/President/CEO ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE D/V SENIOR VP / Director ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE V SENIOR VP ☐ Change ☒ Addition  
4.2 NAME James Petrie  
4.3 STREET ADDRESS 12910 Shelbyville Rd, Ste 211  
4.4 CITY-ST-ZIP Louisville KY 40223

5.1 TITLE V/ST C.O.O. /Sec. and Treas. ☐ Change ☒ Addition  
5.2 NAME S. Andrew McKay  
5.3 STREET ADDRESS 12910 Shelbyville Rd Ste 211  
5.4 CITY-ST-ZIP Louisville KY 40223

6.1 TITLE V VP ☐ Change ☒ Addition  
6.2 NAME Ron Beer  
6.3 STREET ADDRESS 12910 Shelbyville Rd Ste 211  
6.4 CITY-ST-ZIP Louisville KY 40223

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Andrew McKay

1/29/97

502-244-6666

CR2E034 (9/96)