

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/11/1993**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	VP	<input type="checkbox"/> DELETE
NAME	<b>T. DOUGLAS WEBB</b>	
STREET ADDRESS	<b>12410 SHELBYVILLE RD., STE. 211</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	
TITLE	DPPD	<input type="checkbox"/> DELETE
NAME	<b>HENDERSON, J. SHERMAN III</b>	
STREET ADDRESS	<b>12910 SHELBYVILLE RD., SUITE 211</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	<b>WAMPLER, EDWARD J</b>	
STREET ADDRESS	<b>12910 SHELBYVILLE RD., SUITE 211</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>JAMES PETRIE</b>	
STREET ADDRESS	<b>12910 SHELBYVILLE RD, STE. 211</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	<b>S. ANDREW MCKAY</b>	
STREET ADDRESS	<b>12910 SHELBYVILLE RD., STE 211</b>	
CITY-ST-ZIP	<b>LOUISVILLE FL</b>	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<b>RON BEER</b>	
STREET ADDRESS	<b>12910 SHELBYVILLE RD., STE. 211</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Senior VP / CFO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>Senior VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>COO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>ST VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Jack Roth</b>	
6.3 STREET ADDRESS	<b>12910 Shelbyville Rd, Ste 211</b>	
6.4 CITY-ST-ZIP	<b>Louisville, Ky 40243</b>	

14. I 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:

*T. Douglas Webb*

2/9/98

502/394/0790

CR2E034 (10/97)