2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# F94000001354

Entity Name: LUCKETT & FARLEY ARCHITECTS, ENGINEERS AND CONSTRUCTION MANAGERS, INCORPORATED

Current Principal Place of Business:

737 S. THIRD STREET
LOUISVILLE, KY 40202 US

New Principal Place of Business:

Current Mailing Address:

737 S. THIRD STREET
LOUISVILLE, KY 40202 US

New Mailing Address:

FEI Number: 61-0288490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: JERDONEK, EDWARD C
Address: 737 S. THIRD STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: VP ( ) Delete
Name: GATES, BELINDA L
Address: 737 S. THIRD STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: EVP ( ) Delete
Name: DIAMOND, ROBERT J
Address: 737 S. THIRD STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: VPS ( ) Delete
Name: MILLER, GAIL
Address: 737 S. THIRD ST.
City-St-Zip: LOUISVILLE, KY 40202

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: VP ( ) Change (X) Addition
Name: MASHRUWALA, ATUL K
Address: 737 SOUTH THIRD STREET
City-St-Zip: LOUISVILLE, KY 40202

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: GAIL MILLER VPS 02/23/2009

Electronic Signature of Signing Officer or Director Date