

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002880

Entity Name: HILLERICH & BRADSBY CO.

FILED
Jan 25, 2008
Secretary of State

Current Principal Place of Business:

P.O. BOX 35700
LOUISVILLE, KY 40232

New Principal Place of Business:

800 WEST MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

P.O. BOX 35700
LOUISVILLE, KY 40232

New Mailing Address:

800 WEST MAIN STREET
LOUISVILLE, KY 40202

FEI Number: 61-0225940

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HILLERICH, JOHN
Address: 800 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: VT () Delete
Name: LEGASPI, ROY
Address: 800 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: V () Delete
Name: ROBINSON, SCOTT
Address: 800 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: S () Delete
Name: MARTIN, NANCY L
Address: 2100 HENRIOTT ROAD
City-St-Zip: GEORGETOWN, IN

Title: AT () Delete
Name: FRANCK, BRENDA J
Address: 800 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: DARRYL MCCORMICK

CPA

01/25/2008

Electronic Signature of Signing Officer or Director

Date