## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 17, 2008 8:00 am Secretary of State 04-17-2008 90010 050 \*\*\*150.00 DOCUMENT #F96000000080 DELÁWARE ARC SERVICE INC. 40003673 Principal Place of Business Mailing Address 1020 PETERSBURG RD 1020 PETERSBURG RD HEBRON, KY 41048 HEBRON, KY 41048 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 36-4055059 Not Applicable Country Zin Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **2** Delete TITLE (X)Change ☐ Addition NAME POMEROY, STEPHEN E NAME 1020 PETERSBURG RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HEBRON, KY 41048 CITY-ST-ZIP HILE Delete TITLE Change ■ Addition NAME GREGORY, KEVIN G NAME STREET ADDRESS 1020 PETERSBURG RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HEBRON, KY 41048 TITLE **⊠** Delete TITLE Change Change ☐ Addition GREGORY, KEVIN G NAME NAME STREET ADDRESS 1020 PETERSBURG RD STREET ADDRESS CITY-ST-ZIP HEBRON, KY 41048 CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Ffurther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal 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 10 or Block 11 if changed, or on an attachment with/an\_address, with all giner like empowered.

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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☐ Delete

SIGNATURE:

TITLE

NAME

MILE

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TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY+ST-ZIP

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

☐ Change

☐ Change

☐ Change

Addition

☐ Addition

☐ Addition

FILED