2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000004227

Entity Name: ATRIA, INC., A DELAWARE CORPORATION

FILED May 07, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 501 SOUTH FOURTH AVENUE SUITE 140 LOUISVILLE, KY 40202 **Current Mailing Address: New Mailing Address:** 501 SOUTH FOURTH AVENUE SUITE 140 LOUISVILLE, KY 40202 FEI Number: 61-1303738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCFO () Delete Title: () Change () Addition Name: TICOTIN, MARK S Name: 12 COLLINGWOOD ROAD Address: Address: City-St-Zip: NEW CITY, NY 10956 City-St-Zip: Title: DPCO Title: () Delete () Change () Addition Name: NEUTEUFEL, WERNER Name: 2307 ARNOLD PALMER BLVD. Address: Address: LOUISVILLE, KY 40245 City-St-Zip: City-St-Zip: Title: Title: SVPC () Delete () Change () Addition BREHL, ROBERT J Name: Name: 7420 SUNSET LANE Address: Address: City-St-Zip: CRESTWOOD, KY 40014 City-St-Zip: Title: **VPFD** () Delete Title: () Change () Addition ALEXANDER, MARK A Name: Name: Address: 3912 BROOKFIELD AVENUE Address: City-St-Zip: LOUISVILLE, KY 40207 City-St-Zip: Title: Title: () Delete () Change () Addition KUNTZ, EDWARD L Name: Name: 680 S FOUTH AVENUE Address: Address: City-St-Zip: LOUISVILLE, KY 40202 City-St-Zip: Title: () Delete Title: () Change () Addition REINFENBERG, MARJORIE L Name: Name: 30 ROCKFELLER PLAZA Address: Address: City-St-Zip: City-St-Zip: NEW YORK, NY 10020

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARMIN GRANDINETTI SRVP 05/07/2003

RENEE COYNE, DIRECTOR OF TAX 501 S. FOURTH AVENUE SUITE 140 LOUISVILLE, KY 40202

CARMIN GRANDINETTI, SENIOR VICE PRESIDEN 501 S. FOURTH AVENUE SUITE 140 LOUISVILLE, KY 40202