2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004938

Entity Name: STRAND LIGHTING INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10350 ORMSBY PARK PLACE STE 601 LOUISVILLE, KY 40223 **Current Mailing Address: New Mailing Address:** 10350 ORMSBY PARK PLACE STE 601 LOUISVILLE, KY 40223 FEI Number: 95-4596695 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: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: () Delete () Change () Addition Name: POWERS, LARRY Name: 10350 ORMSBY PARK PLACE STE 601 Address: Address: City-St-Zip: LOUISVILLE, KY 40223 City-St-Zip: CFO Title: Title: () Delete () Change () Addition Name: FERKO, WILLIAM Name: 10350 ORMSBY PARK PLACE STE 601 Address: Address: LOUISVILLE, KY 40223 City-St-Zip: City-St-Zip: () Delete Title: Title: PRES () Change () Addition CARSON, STEVE Name: Name: 10350 ORMSBY PARK PLACE STE 601 Address: Address: City-St-Zip: LOUISVILLE, KY 40223 City-St-Zip: Title: SEC () Delete Title: () Change () Addition ZACCAGNINI, RAYMOND Name: Name: Address: 10350 ORMSBY PARK PLACE STE 601 Address: City-St-Zip: LOUISVILLE, KY 40223 City-St-Zip: Title: Title: () Delete () Change () Addition SCHNEIDER, RON Name: Name: 10350 ORMSBY PARK PLACE STE 601 Address: Address: City-St-Zip: LOUISVILLE, KY 40223 City-St-Zip: Title: TREA () Delete Title: () Change () Addition Name: WALLACE, LEVERDA Name: 10350 ORMSBY PARK PLACE STE 601 Address: Address: City-St-Zip: City-St-Zip: LOUISVILLE, KY 40223

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: PAUL CAVANAUGH VP 04/17/2009