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FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000000081 (6)

1. Corporation Name  
APERTURE CREDENTIALING, INC.



Principal Place of Business

500 WEST MAIN ST.  
14TH FL. HUMANA BLDG.  
LOUISVILLE KY 40202

Mailing Address

500 WEST MAIN ST.  
14TH FL. HUMANA BLDG.  
LOUISVILLE KY 40202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1997

4. FEI Number

61-1314126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 301 N. Hurstbourne Pkwy  
Suite, Apt. #, etc.

22 Ste 200

City & State

23 Louisville, KY

Zip Country

24 40222 25 3

2a. Mailing Address

26 301 N. Hurstbourne Pkwy  
Suite, Apt. #, etc.

27 Ste 200

City & State

28 Louisville, KY

Zip Country

29 40222 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE  
NAME ATHERTON, PAMELA  
STREET ADDRESS 500 WEST MAIN ST., 14TH FL. HUMANA BLDG.  
CITY-ST-ZIP LOUISVILLE KY 40202

TITLE VCOO ☐ DELETE  
NAME VOLLMER, RICHARD A  
STREET ADDRESS 500 WEST MAIN ST., 8TH FL. HUMANA BLDG.  
CITY-ST-ZIP LOUISVILLE KY 40202

TITLE VCFO ☒ DELETE  
NAME CAMP, R. STEPHEN  
STREET ADDRESS 500 WEST MAIN ST., 8TH FL. HUMANA BLDG.  
CITY-ST-ZIP LOUISVILLE KY 40202

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCEO ☒ Change ☐ Addition  
1.2 NAME Atherton, Pamela  
1.3 STREET ADDRESS 301 N. Hurstbourne Pkwy Ste 200  
1.4 CITY-ST-ZIP Louisville, KY 40222

2.1 TITLE VCOO ☒ Change ☐ Addition  
2.2 NAME Vollmer, Richard A.  
2.3 STREET ADDRESS 301 N. Hurstbourne Pkwy Ste 200  
2.4 CITY-ST-ZIP Louisville, KY 40222

3.1 TITLE T ☐ Change ☒ Addition  
3.2 NAME Tomassetti, Bernard  
3.3 STREET ADDRESS 301 N. Hurstbourne Pkwy  
3.4 CITY-ST-ZIP Louisville KY 40222

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

4.30.98

CR2E034 (1097)