2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003
Secretary of State

DOCUMENT# F99000004067

Entity Name: FACILITY SERVICES OF KENTUCKY, INC.

Current Principal Place of Business:

PO BOX 4129
HOPKINSVILLE, KY 42241

New Principal Place of Business:

1611 S. MAIN STREET
SUITE 10
HOPKINSVILLE, KY 42240

Current Mailing Address:

PO BOX 4129
HOPKINSVILLE, KY 42241

New Mailing Address:

1611 S. MAIN STREET
SUITE 10
HOPKINSVILLE, KY 42240

FEI Number: 61-1265365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCS ( ) Delete
Name: PRESLEY, CAROLYN N
Address: 1611 S. MAIN ST., STE. 15
City-St-Zip: HOPKINSVILLE, KY 42241

Title: S ( ) Delete
Name: PRESLEY, MARTHA K
Address: 1611 MAIN ST., STE 10
City-St-Zip: HOPKINSVILLE, KY 42241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCS (X) Change ( ) Addition
Name: PRESLEY, CAROLYN N
Address: 1611 S. MAIN ST., STE. 10
City-St-Zip: HOPKINSVILLE, KY 42240

Title: S (X) Change ( ) Addition
Name: PRESLEY, MARTHA K
Address: 1611 MAIN ST., STE 10
City-St-Zip: HOPKINSVILLE, KY 42240

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: CAROLYN N PRESLEY PCS 03/24/2003

Electronic Signature of Signing Officer or Director — Date