

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F99000006151

FILED  
Mar 28, 2007  
Secretary of State

**Entity Name:** ENERGY MANAGEMENT & SERVICES COMPANY OF KENTUCKY

**Current Principal Place of Business:**

109 FIELDVIEW DR  
VERSAILLES, KY 40383

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1007  
VERSAILLES, KY 40383

**New Mailing Address:**

**FEI Number:** 61-1169506

**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:** CAROL RECORD

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CP ( ) Delete  
**Name:** HONN, T.D.  
**Address:** 4125 PLANTAGENET DRIVE  
**City-St-Zip:** LEXINGTON, KY 40513

**Title:** VWT ( ) Delete  
**Name:** HAINES, DUANE  
**Address:** 6005 SECRETARIAT CIRCLE  
**City-St-Zip:** VERSAILLES, KY 40383

**Title:** DSV ( ) Delete  
**Name:** SMITH, MARY  
**Address:** 2312 ROCKY HILLS LANE  
**City-St-Zip:** VERSAILLES, KY 40383

**Title:** V ( ) Delete  
**Name:** CHASTAIN, TIMOTHY M  
**Address:** 250 DEERWOOD DR.  
**City-St-Zip:** PACOLET, SC 29372

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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:** KASI EGBERT

Electronic Signature of Signing Officer or Director

CA

03/28/2007

Date