

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006151

FILED
Jan 14, 2009
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: _____

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: VVT () 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: HONN, T.D.
Address: 4125 PLANTAGENET DRIVE
City-St-Zip: LEXINGTON, KY 40513

Title: COO (X) Change () Addition
Name: BARONE, DAVID C
Address: 14704 GOLDEN LEAF PLACE
City-St-Zip: LOUISVILLE, KY 40245

Title: CAO (X) Change () Addition
Name: SMITH, MARY A
Address: 2312 ROCKY HILLS LANE
City-St-Zip: VERSAILLES, KY 40383

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: KASI EGBERT

CA

01/14/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date