


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90128 011 \*\*\*\*50.00

<b>DOCUMENT # M00000000708</b> 1. Entity Name <b>BADGER ACQUISITION OF OHIO LLC</b>					
Principal Place of Business <b>100 E RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011</b>			Mailing Address <b>1717 DIXIE HWY SUITE 800 FT WRIGHT, KY 41011</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>100 E. Rivercenter Blvd.</b> Suite, Apt. #, etc. <b>Suite 1600</b> City & State <b>Covington, Ky</b> Zip <b>41011</b>			
City & State  Zip		Country <b>U.S.A.</b>		04212004 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>52-2119875</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> </div> <div style="width: 48%;"> <b>10. ADDITIONS/CHANGES</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRP STAMPS, JEFFREY M 100 E RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGR S Robbins, Regis T. 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRV ACKLEY, DOUGLAS 100 E RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRV MAWER, MELINDA 100 E RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRV TIMMONS, GINA 100 E RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRV ABBOTT, BRADLEY S 100 E RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRV MARSH, THOMAS R 100 E RIVERCENTER BLVD SUITE 1600 COVINGTON, KY 41011</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <u>Bradley S. Abbott</u> <b>Bradley S. Abbott</b> <u>04/23/2004</u> <u>859-392-3347</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					