

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90119 050 \*\*\*138.75

**DOCUMENT # M02000001842**

1. Entity Name  
**ORIG, LLC**



Principal Place of Business  
**10172 LINN STATION ROAD  
LOUISVILLE, KY 40223**

Mailing Address  
**10172 LINN STATION ROAD  
LOUISVILLE, KY 40223**

**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**61-1324094**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
NICHOLS, J.D.  
10172 LINN STATION RD.  
LOUISVILLE, KY ~~40223~~ 40223**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
LAVIN, BRIAN F  
10172 LINN STATION RD  
LOUISVILLE, KY 40223**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**EVP  
WELLS, GREGORY A  
10172 LINN STATION RD  
LOUISVILLE, KY 40223**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VT  
PITCHFORD, DAVID B  
10172 LINN STATION RD  
LOUISVILLE, KY 40223**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VS  
HOWARD, SUSAN M  
10172 LINN STATION RD  
LOUISVILLE, KY 40223**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:** Susan M. Howard, VP/Sec Susan M. Howard, VP/Sec 1/14/2008 (502) 426-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #