

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000419

Entity Name: CLAY-INGELS CO., LLC

FILED  
Apr 07, 2009  
Secretary of State

## Current Principal Place of Business:

914 DELAWARE AVENUE  
LEXINGTON, KY 40505

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 2120  
LEXINGTON, KY 40588

## New Mailing Address:

FEI Number: 61-0506067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BADGER, WILLIAM E  
2161 MCCOY BLVD  
JACKSONVILLE, FL 32204 US

## Name and Address of New Registered Agent:

BADGER, WILLIAM E  
2161 MCCOYS CREEK BLVD  
JACKSONVILLE, FL 32204 US

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:

04/07/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CHAPMAN, WILLIAM S JR  
Address: 4689 OLD FRANKFORT PIKE  
City-St-Zip: LEXINGTON, KY 40510

Title: MGR ( ) Delete  
Name: GIVENS, AMBROSE W JR  
Address: 4436 MCGIRTS BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR ( ) Delete  
Name: NICOL, BRUCE R M,D,  
Address: 1821 DELONG ROAD  
City-St-Zip: LEXINGTON, KY 40515

Title: MGR ( ) Delete  
Name: GRIFFIN, JAMES E  
Address: P O BOX 2120  
City-St-Zip: LEXINGTON, KY 40588

Title: MGR ( ) Delete  
Name: BADGER, WILLIAM E  
Address: 4829 ORTEGA FOREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR ( ) Delete  
Name: ROMAINE, DOUGLAS P  
Address: 300 W VINE STREET #2100  
City-St-Zip: LEXINGTON, KY 405071801

## ADDITIONS/CHANGES:

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:

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BADGER, WILLIAM E

MGR

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date