

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014694

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: MCE PROFESSIONAL SERVICES, INC.

## Current Principal Place of Business:

21018 FOOTHILL PINE  
SAN ANTONIO, TX 78259

## New Principal Place of Business:

10350 ORMSBY PARK PL  
400  
LOUISVILLE, KY 40223

## Current Mailing Address:

10350 ORMSBY PARK PLACE  
STE 400  
LOUISVILLE, KY 40223 US

## New Mailing Address:

10350 ORMSBY PARK PL  
400  
LOUISVILLE, KY 40223

FEI Number: 20-0639345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: D ( ) Delete  
Name: MILLER, JASON  
Address: 21018 FOOTHILL PINE  
City-St-Zip: SAN ANTONIO, TX 78259 US

Title: D ( ) Delete  
Name: WILHITE, STEVE  
Address: 21018 FOOTHILL PINE  
City-St-Zip: SAN ANTONIO, TX 78259 US

Title: D ( ) Delete  
Name: BOYER, MARK  
Address: 21018 FOOTHILL PINE  
City-St-Zip: SAN ANTONIO, TX 78259 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MILLER, JASON  
Address: 10350 ORMSBY PARK PLACE STE 400  
City-St-Zip: LOUISVILLE, KY 40223 US

Title: D (X) Change ( ) Addition  
Name: WILHITE, STEVE  
Address: 10350 ORMSBY PARK PLACE STE 400  
City-St-Zip: LOUISVILLE, KY 40223 US

Title: D (X) Change ( ) Addition  
Name: BOYER, MARK  
Address: 10350 ORMSBY PARK PLACE STE 400  
City-St-Zip: LOUISVILLE, KY 40223 US

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: JASON MILLER

D

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date