

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05990

FILED
Apr 19, 2011
Secretary of State

Entity Name: NTS CAPITAL CORPORATION

Current Principal Place of Business:

10172 LINN STATION RD.
LOUISVILLE, KY 40223

New Principal Place of Business:

Current Mailing Address:

10172 LINN STATION RD.
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 61-0962230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

OFFICERS AND DIRECTORS:

Title: DC
Name: NICHOLS, J D
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: EVP
Name: WELLS, GREGORY A
Address: 10172 LINN STATION RD
City-St-Zip: LOUISVILLE, KY 40223

Title: VS
Name: HOWARD, SUSAN M
Address: 10172 LINN STATION RD.
City-St-Zip: LOUISVILLE, KY 40223

Title: P
Name: LAVIN, BRIAN F
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: VT
Name: PITCHFORD, DAVID B
Address: 10172 LINN STATION RD
City-St-Zip: LOUISVILLE, KY 40223

Title: SVP
Name: MITCHELL, NEIL A
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

I hereby 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 all other like empowered.

SIGNATURE: SUSAN M HOWARD

VS

04/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date