

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05990

FILED  
Apr 20, 2012  
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:**

600 N. HURSTBOURNE PARKWAY  
SUITE 300  
LOUISVILLE, KY 40222

**Current Mailing Address:**

10172 LINN STATION RD.  
LOUISVILLE, KY 40223

**New Mailing Address:**

600 N. HURSTBOURNE PARKWAY  
SUITE 300  
LOUISVILLE, KY 40222

**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: 600 N. HURSTBOURNE PARKWAY, SUITE 300  
City-St-Zip: LOUISVILLE, KY 40222

Title: EVP  
Name: WELLS, GREGORY A  
Address: 600 N. HURSTBOURNE PARKWAY, SUITE 300  
City-St-Zip: LOUISVILLE, KY 40222

Title: VS  
Name: HOWARD, SUSAN M  
Address: 600 N. HURSTBOURNE PARKWAY, SUITE 300  
City-St-Zip: LOUISVILLE, KY 40222

Title: P  
Name: LAVIN, BRIAN F  
Address: 600 N. HURSTBOURNE PARKWAY, SUITE 300  
City-St-Zip: LOUISVILLE, KY 40222

Title: VT  
Name: PITCHFORD, DAVID B  
Address: 600 N. HURSTBOURNE PARKWAY, SUITE 300  
City-St-Zip: LOUISVILLE, KY 40222

Title: SVP  
Name: MITCHELL, NEIL A  
Address: 600 N. HURSTBOURNE PARKWAY, SUITE 300  
City-St-Zip: LOUISVILLE, KY 40222

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

04/20/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date