

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14040

Entity Name: KILGORE GROUP, INC.

FILED  
Jun 24, 2004  
Secretary of State

**Current Principal Place of Business:**

4700 FOREST DRIVE  
SUITE 202  
COLUMBIA, SC 29202 US

**New Principal Place of Business:**

**New Mailing Address:**

435 ELM STREET  
CINCINNATI, OH 45202

**Current Mailing Address:**

P.O. BOX 8386  
COLUMBIA, SC 29202

FEI Number: 57-0834351      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**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: MD ( ) Delete  
Name: SABO, ELIAS J  
Address: 61 WILTON RD 2ND FLOOR  
City-St-Zip: WESTPORT, CT 06880

Title: DS ( ) Delete  
Name: MASSOUD, JOSEPH I  
Address: 61 WILTON RD 2ND FLOOR  
City-St-Zip: WESTPORT, CT 06880

Title: V ( ) Delete  
Name: PEAGLER, PENNIE C  
Address: 61 WILTON RD 2ND FLOOR  
City-St-Zip: COLUMBIA, SC 29206

Title: P ( ) Delete  
Name: CARVER, CHRIS  
Address: 4700 FOREST DR  
City-St-Zip: COLUMBIA, SC

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: TREA (X) Change ( ) Addition  
Name: AGLINSKY, WILLIAM E  
Address: 435 ELM STREET  
City-St-Zip: CINCINNATI, OH 45202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM E. AGLINSKY

TREA

06/24/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date