

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14040

FILED
Apr 11, 2006
Secretary of State

Entity Name: KILGORE GROUP, INC.

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
SUITE 300, ATTN: LEGAL DEPT
CINCINNATI, OH 45202

Current Mailing Address:

435 ELM STREET
CINCINNATI, OH 45202

FEI Number: 57-0834351 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: 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: TREA () Delete
Name: AGLINSKY, WILLIAM E
Address: 435 ELM STREET
City-St-Zip: CINCINNATI, OH 45202

Title: P () Delete
Name: KOHNKE, FREDRICK L
Address: 435 ELM ST., SUITE 300
City-St-Zip: CINCINNATI, OH 45202

Title: AS () Delete
Name: BERNARD, KATHRYN
Address: 435 ELM ST., SUITE 300
City-St-Zip: CINCINNATI, OH 45202

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: () Change () Addition
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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 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: KATHRYN BERNARD

AS

04/11/2006

Electronic Signature of Signing Officer or Director

_____ Date