## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

## **Secretary of State** DOCUMENT # P27517 02-21-2006 90025 017 \*\*\*150.00 1. Entity Name DANT CLAYTON CORPORATION Principal Place of Business Mailing Address 40015760 1500 BERNHEIM LANE 1500 BERNHEIM LANE LOUISVILLE, KY 40210 LOUISVILLE, KY 40210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 61-0947342 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PΤ ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME FISCHER, GREGORY NAME 1715 SPRING DR STREET ADDRESS STREET ADDRESS LOUISVILLE, KY 40205 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete GUENTHNER, MICHAEL NAME NAMÉ STREET ADDRESS STREET ADDRESS 154 N. GALT AVE CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE, KY 40206 ☐ Delete ☐ Change ■ Addition **GUTTKNECHT, SANDRA** NAME NAME 1465 HWY 64 NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RAMSEY, IN CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE MERRICK, KENNETH L NAME STREET ADDRESS NEWMARKET DR. STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY CITY-ST-ZIP ☐ Delete □ Change ■ Addition TITLE MERRICK, BRUCE C NAME NAME 5803 GLEN PARK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \_. CITY-ST-7IP LOUISVILLE, KY 40222 □ Change ☐ Defete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED Feb 21, 2006 8:00 am