

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P27517

**FILED**  
**Jul 29, 2010**  
**Secretary of State**

**Entity Name:** DANT CLAYTON CORPORATION

**Current Principal Place of Business:**

1500 BERNHEIM LANE  
LOUISVILLE, KY 40210

**New Principal Place of Business:**

**Current Mailing Address:**

1500 BERNHEIM LANE  
LOUISVILLE, KY 40210

**New Mailing Address:**

**FEI Number:** 61-0947342      **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: PRES  
Name: WILLIAMS, KEITH  
Address: 5979 EAST SR 60  
City-St-Zip: PEKIN, IN 47165

Title: VP  
Name: HUTTON, TATE  
Address: 5100 UNDERHILL CT  
City-St-Zip: LOUISVILLE, KY 40207

Title: SECR  
Name: GUTKNECHT, SANDRA  
Address: 1465 HWY 64 NE  
City-St-Zip: RAMSEY, IN

Title: CHAI  
Name: MERRICK, BRUCE C  
Address: 5803 GLEN PARK RD  
City-St-Zip: LOUISVILLE, KY 40222

Title: VP  
Name: CRABTREE, JASON  
Address: 1500 BERNHEIM LANE  
City-St-Zip: LOUISVILLE, KY 40210

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: SANDRA GUTKNECHT

SECR

07/29/2010

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

\_\_\_\_\_  
Date