

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28845

Entity Name: FUNDING CORP. I

FILED
Jan 03, 2006
Secretary of State

Current Principal Place of Business:

C/O STATE INCOME TAX
PO BOX 14000
LEXINGTON, KY 40512

New Principal Place of Business:

Current Mailing Address:

C/O STATE INCOME TAX
PO BOX 14000
LEXINGTON, KY 40512

New Mailing Address:

FEI Number: 61-1143983

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 323012525 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: P () Delete
Name: MORMAN, RODNEY W
Address: 500 DIEDERICH BLVD
City-St-Zip: RUSSELL, KY 41169

Title: T () Delete
Name: MENSHOUSE, BRIAN D
Address: 500 DIEDERICH BLVD
City-St-Zip: RUSSELL, KY 41169

Title: ASAT () Delete
Name: PACE, M. R
Address: 3499 BLAZER PARKWAY
City-St-Zip: LEXINGTON, KY 40509

Title: VP () Delete
Name: BROCE, JOSEPH R
Address: 500 DIEDERICH BLVD
City-St-Zip: RUSSELL, KY 41169

Title: D () Delete
Name: SUVER, JAMI K
Address: 500 DIEDERICH BLVD
City-St-Zip: RUSSELL, KY 41169

Title: ASAT () Delete
Name: COLVIN, JEROME M
Address: 3499 BLAZER PARKWAY
City-St-Zip: LEXINGTON, KY 40509

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
Name:
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: JEROME M. COLVIN

AS/T

01/03/2006

Electronic Signature of Signing Officer or Director

_____ Date