

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35855 (6)
1. Corporation Name
STRATEGIA CORPORATION



Principal Place of Business Mailing Address
POST OFFICE BOX 37144
10301 LINN STATION RD. Two Paragon Centre POST OFFICE BOX 37144
LOUISVILLE KY 40223-7144 Suite 400 LOUISVILLE KY 40223-7144
6040 Dutchmans Lane
Louisville, KY 40205-3271

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|------------------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 10/10/1991 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 61-1064606 | |
| 24 Country | | 29 Country | | 5. Certificate of Status Desired | |
| | | | | 6. Election Campaign Financing | |
| | | | | Trust Fund Contribution | |
| | | | | 8. This corporation owes or has paid the current year Intangible | |
| | | | | Personal Property Tax due June 30. | |

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

Yes No

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|----------------|------------------------|--------------------|--------------------------------|
| TITLE | D | 1.1 TITLE | |
| NAME | BRENZEL, JOHN A | 1.2 NAME | |
| STREET ADDRESS | 10301 LINN STATION RD. | 1.3 STREET ADDRESS | Two Paragon Centre, Suite 400 |
| CITY-ST-ZIP | LOUISVILLE KY 40223 | 1.4 CITY-ST-ZIP | 6040 Dutchmans Lane |
| TITLE | P | 2.1 TITLE | Louisville, KY 40205-3271 |
| NAME | SMITH, RICHARD W | 2.2 NAME | |
| STREET ADDRESS | 10301 LINN STATION RD. | 2.3 STREET ADDRESS | Two Paragon Centre Suite 400 |
| CITY-ST-ZIP | LOUISVILLE KY 40223 | 2.4 CITY-ST-ZIP | 6040 Dutchmans Lane |
| TITLE | V | 3.1 TITLE | Louisville, KY 40205-3271 |
| NAME | BUREN, JAMES P | 3.2 NAME | |
| STREET ADDRESS | 10301 LINN STATION RD. | 3.3 STREET ADDRESS | Two Paragon Centre, Suite 400 |
| CITY-ST-ZIP | LOUISVILLE KY 40223 | 3.4 CITY-ST-ZIP | 6040 Dutchmans Lane, Suite 400 |
| TITLE | S | 4.1 TITLE | Louisville, KY 40205-3271 |
| NAME | SNYDER, JOHN P | 4.2 NAME | |
| STREET ADDRESS | 9707 SHELBYVILLE RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LOUISVILLE KY 40223 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard W. Smith*

Richard W. Smith

04/02/98

502-426-3434

CR2E034 (10/97)