

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90012 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P35855
1. Corporation Name STRATEGIA CORPORATION

Principal Place of Business TWO PARAGON CENTRE SUITE 400, 6040 DUTCHMANS LANE LOUISVILLE KY 40205 US	Mailing Address TWO PARAGON CENTRE SUITE 400, 6040 DUTCHMANS LANE LOUISVILLE KY 40205 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10301 Linn Station Rd. Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 37144 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/10/1991	
22		27		4. FEI Number 61-1064606 Applied For Not Applicable	
23 Louisville, Kentucky City & State		28 Louisville, Kentucky City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 40223 Zip		29 40223-2144 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 US Country		30 US Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent 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, am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Richard W. Smith DATE 7/8/99 (NOTE: Registered Agent signature required when reinstating)	
---	--

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRENZEL, JOHN A		1.2 NAME BRENZEL, JOHN A.	
STREET ADDRESS SUITE 400, 6040 DUTCHMANS LANE		1.3 STREET ADDRESS 10301 LINN STATION RD.	
CITY-ST-ZIP LOUISVILLE KY 40205		1.4 CITY-ST-ZIP LOUISVILLE, KY 40223	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, RICHARD W		2.2 NAME SMITH, RICHARD W.	
STREET ADDRESS 6040 DUTCHMANS LANE, SUITE 400		2.3 STREET ADDRESS 10301 LINN STATION RD.	
CITY-ST-ZIP LOUISVILLE KY 40205		2.4 CITY-ST-ZIP LOUISVILLE, KY 40223	
TITLE V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VP, CHIEF OPERATING OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BUREN, JAMES P		3.2 NAME Huguenard, Jim	
STREET ADDRESS 6040 DUTCHMANS LANE, SUITE 400		3.3 STREET ADDRESS 10301 LINN STATION RD.	
CITY-ST-ZIP LOUISVILLE KY 40205		3.4 CITY-ST-ZIP LOUISVILLE, KY 40223	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE Vice President & Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SNYDER, JOHN P		4.2 NAME Paul F. Phillips, Jr	
STREET ADDRESS 9707 SHELBYVILLE RD.		4.3 STREET ADDRESS 10301 Linn Station Rd	
CITY-ST-ZIP LOUISVILLE KY 40223		4.4 CITY-ST-ZIP Louisville, KY 40223	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE VP, CLIENT SERVICES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Wigian, C. GREGORY	
STREET ADDRESS		5.3 STREET ADDRESS 10301 LINN STATION RD.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP LOUISVILLE, KY 40223	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE VP, TECHNICAL SERVICES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME LEHMANN, WILLIAM D.	
STREET ADDRESS		6.3 STREET ADDRESS 10301 LINN STATION RD	
CITY-ST-ZIP		6.4 CITY-ST-ZIP LOUISVILLE KY 40223	

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	DATE: 7/8/99	DAYTIME PHONE: (502) 426-3434
------------------------------------	---------------------	--------------------------------------

0118758

CR2E034 (5/99)



593793-90012-49
P35855

July 8, 1999

Florida Department of State
Division of Corporations
Annual Reports Filing
PO Box 6327
Tallahassee, FL 32314

RE: Annual Reports Filing

To Whom It May Concern:

Per my telephone conversations with Elizabeth Geddings, I have enclosed the necessary document to update our Reports Filing with the state of Florida. I have also enclosed a check in the amount of \$150.00, as we discussed. That amount should cover our renewal costs since the first notification was never received by our office. Please note that the form has been signed and completed as requested.

Please process our request and confirm completion as soon as possible. If you should have any questions concerning this matter, please do not hesitate to call our office. Thank you in advance for your continued cooperation. We are looking forward to our continued business in the state of Florida.

Kindest Regards,

Heather Mills
Marketing Coordinator

/shm