


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90072 023 \*\*\*150.00

<b>DOCUMENT # P95000089636</b> 1. Entity Name <b>FTB, INC.</b>					
Principal Place of Business <b>1900 COLONEL SANDERS LANE LOUISVILLE, KY 40213 US</b>			Mailing Address <b>C/O TRICON PO BOX 35910 LOUISVILLE, KY 40232 US</b>		
2. Principal Place of Business <b>17901 Von Karman</b>		3. Mailing Address <b>17901 Von Karman</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Irvine, CA</b>		City & State <b>Irvine, CA</b>		4. FEI Number <b>93-1203908</b>	
Zip <b>92614</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD EMMONS, STEVEN L 17901 VON KARMAN IRVINE, CA 92714</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>92614</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO O'NEAL, KATHLEEN 17901 VON KARMAN IRVINE, CA 92714</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>92614</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LORA, MELISSA 17901 VON KARMAN IRVINE, CA 92714</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>92614</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHIRLEY, R. BRYCE 17901 VON KARMAN IRVINE, CA 92714</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>92614</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS STEARMAN, JEFFREY 17901 VON KARMAN IRVINE, CA 92714</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1900 Colonel Sanders Lane Louisville, KY 40213</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BERRY-SMITH, BRIDGETTE A 17901 VON KARMAN IRVINE, CA 92714</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>92614</b>	
12. 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 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.					
<b>SIGNATURE: R. Bryce Shirley, V.P., Asst Sec. 3-4-05 949-963-4500</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

# ATTACHMENT

40031228

# P95000089636

## BOARD OF DIRECTORS AND OFFICERS OF FTB, INC.

Melissa Lora	President
Steven L. Emmons	Vice President - Secretary
R. Bryce Shirley	Vice President - Assistant Secretary
Kathleen O'Neal	Vice President - Chief Financial Officer
Bridgette A. Berry-Smith	Assistant Secretary
Laurence Gerich	Assistant Secretary
Linda Gregg	Assistant Secretary
David Leach	Assistant Secretary
Remona Barbour	Assistant Secretary
Jeffrey Stearman	Assistant Secretary
Mary Shipma	Assistant Secretary
Cheri Leistner	Assistant Secretary
Amy Hu	Assistant Secretary
Connie Hayes-Badon	Assistant Secretary