

2007 FOR PROFIT CORPORATION ANNUAL REPORT

POSTING AUTHORIZATION

FILED

Date Apr 27, 2007 08:00 A
Profit Center Secretary of State
Account Code _____
Job Cost _____
Property / Project Manager _____
Property / Project Senior Manager _____

DOCUMENT # P97000066653

1. Entity Name
OLF II CORPORATION



Principal Place of Business
10172 LINN STATION RD
LOUISVILLE, KY 40223

Mailing Address
10172 LINN STATION RD
LOUISVILLE, KY 40223

Accountant _____ Date _____
Acctg Manager _____ Date _____
Accto Manager _____ Date _____



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3470269

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEEKIN, JAMES F JR
215 N EOLA DRIVE
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME NICHOLS, J.D.
STREET ADDRESS 10172 LINN STATION ROAD
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000737586
CITY-ST-ZIP 05/11/07-80033-015 150.00

TITLE P ☐ Delete
NAME LAVIN, BRIAN F
STREET ADDRESS 10172 LINN STATION ROAD
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EVP ☐ Delete
NAME WELLS, GREGORY A
STREET ADDRESS 10172 LINN STATION ROAD
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/S ☐ Delete
NAME HOWARD, SUSAN M
STREET ADDRESS 10172 LINN STATION ROAD
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVP ☐ Delete
NAME MITCHELL, NEIL A
STREET ADDRESS 10172 LINN STATION ROAD
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME PITCHFORD, DAVID B
STREET ADDRESS 10172 LINN STATION RD
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Susan M. Howard, VP/Sec Susan M. Howard 4/10/07 (502) 426-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP/Secretary Date Daytime Phone #