

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000066653

FILED
Apr 29, 2010
Secretary of State

Entity Name: OLF II CORPORATION

Current Principal Place of Business:

10172 LINN STATION RD
LOUISVILLE, KY 40223

New Principal Place of Business:

Current Mailing Address:

10172 LINN STATION RD
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 59-3470269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, JAMES F JR
215 N EOLA DRIVE
ORLANDO, FL 32801 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: DC
Name: NICHOLS, J. D
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: P
Name: LAVIN, BRIAN F
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: EVP
Name: WELLS, GREGORY A
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: V/S
Name: HOWARD, SUSAN M
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: SVP
Name: MITCHELL, NEIL A
Address: 10172 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: V/T
Name: PITCHFORD, DAVID B
Address: 10172 LINN STATION RD
City-St-Zip: LOUISVILLE, KY 40223

I hereby 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 all other like empowered.

SIGNATURE: SUSAN M. HOWARD, VICE PRES/SECRETARY

VPS

04/29/2010

Electronic Signature of Signing Officer or Director

Date