

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000085101

Entity Name: SEREDOR CENTERS, INC.**Current Principal Place of Business:**500 W. MAIN STREET, 21ST FLOOR
LOUISVILLE, KY 40202**Current Mailing Address:**P.O. BOX 740026
TAX DEPARTMENT
LOUISVILLE, KY 40201-7426 US**FEI Number: 80-0494470****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title	CEO
Name	BARGER, JOHN E. III
Address	500 W. MAIN STREET, 21ST FLOOR
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR, SENIOR VP, CFO, TREASURER
Name	BLOEM, JAMES H.
Address	500 W. MAIN STREET, C/O LAW DEPT.
City-State-Zip:	LOUISVILLE KY 40202

Title	VP AND CORPORATE SECRETARY
Name	LENAHAN, JOAN O.
Address	500 W. MAIN STREET, 21ST FLOOR
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR
Name	BROUSSARD, BRUCE D.
Address	500 W. MAIN STREET, C/O LAW DEPT.
City-State-Zip:	LOUISVILLE KY 40202

Title	PRESIDENT
Name	PERKINS, BRUCE D.
Address	500 W. MAIN STREET, C/O LAW DEPT.
City-State-Zip:	LOUISVILLE KY 40202

Title	VP
Name	BAUERNFEIND, GEORGE G.
Address	P.O. BOX 740026
City-State-Zip:	LOUISVILLE KY 40201-7426

Title	ASST. SECRETARY
Name	VENTURA, JOSEPH C.
Address	500 W. MAIN STREET, 21ST FLOOR
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR
Name	MURRAY, JAMES E.
Address	500 W. MAIN STREET, C/O LAW DEPT.
City-State-Zip:	LOUISVILLE KY 40202

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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: GEORGE G. BAUERNFEIND**VICE PRESIDENT****03/20/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title SENIOR VP
Name KUSSEROW, PAUL B.
Address 500 W. MAIN STREET, 21ST FLOOR
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name LAMBERT, CHARLES F. III
Address 500 W. MAIN STREET, 21ST FLOOR
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VP
Name LECLAIRE, BRIAN P.
Address 500 W. MAIN STREET, 21ST FLOOR
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name WILSON, RALPH M.
Address 500 W. MAIN STREET, 21ST FLOOR
City-State-Zip: LOUISVILLE KY 40202