

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003121

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC6765229319**

**Entity Name:** OPEN PORTAL SOLUTIONS INC.

**Current Principal Place of Business:**

10401 LINN STATION ROAD  
SUITE #200  
LOUISVILLE, KY 40223

**Current Mailing Address:**

10401 LINN STATION ROAD  
SUITE #200  
LOUISVILLE, KY 40223 US

**FEI Number:** 26-3676649

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SECRETARY, TREASURER  
Name SIMPSON, RICK  
Address 10401 LINN STATION ROAD  
SUITE #200  
City-State-Zip: LOUISVILLE KY 40223

Title PRESIDENT  
Name KAELIN, DAVID  
Address 10401 LINN STATION ROAD  
SUITE #200  
City-State-Zip: LOUISVILLE KY 40223

Title DIRECTOR  
Name COBB, DOUGLAS  
Address 10401 LINN STATION ROAD  
SUITE #200  
City-State-Zip: LOUISVILLE KY 40223

Title DIRECTOR  
Name DAVIS, MICHAEL  
Address 10401 LINN STATION ROAD  
SUITE #200  
City-State-Zip: LOUISVILLE KY 40223

Title DIRECTOR  
Name GEARY, RON  
Address 10401 LINN STATION ROAD  
SUITE #200  
City-State-Zip: LOUISVILLE KY 40223

Title DIRECTOR  
Name MILLER, MARK  
Address 10401 LINN STATION ROAD  
SUITE #200  
City-State-Zip: LOUISVILLE KY 40223

Title DIRECTOR  
Name NYE, BOB  
Address 10401 LINN STATION ROAD  
SUITE #200  
City-State-Zip: LOUISVILLE KY 40223

Title DIRECTOR  
Name SCHWARTZ, JEFF  
Address 10401 LINN STATION ROAD  
SUITE #200  
City-State-Zip: LOUISVILLE KY 40223

**Continues on page 2**

*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:** RICK SIMPSON

**SECRETARY**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SMITH, BOB  
Address        10401 LINN STATION ROAD  
                  SUITE #200  
City-State-Zip: LOUISVILLE KY 40223

Title           DIRECTOR  
Name           SWIFT, JIM  
Address        10401 LINN STATION ROAD  
                  SUITE #200  
City-State-Zip: LOUISVILLE KY 40223