

1.) CORPORATION NAME:

KMG America Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **1/31/2011**

SCC ID NO: **06096424**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 WEST MAIN STREET

CITY/ST/ZIP: LOUISVILLE, KY 40202-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL B MCCALLISTER	
TITLE:	PRES/CEO	
ADDRESS:	500 W MAIN ST	
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GEORGE BAUERNFEIND	
TITLE:	VICE PRESIDENT	
ADDRESS:	500 WEST MAIN STREET	
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOAN O. LENAHAN	
TITLE:	SECRETARY	
ADDRESS:	500 WEST MAIN STREET	
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES N. BLOEM	
TITLE:	CFO/TREASURER	
ADDRESS:	500 WEST MAIN STREET	
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GERALD L GANONI	
TITLE:	VICE PRESIDENT	
ADDRESS:	500 WEST MAIN ST	
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202-	

NAME: CHARLES F LAMBERT III TITLE: VICE PRESIDENT ADDRESS: 500 WEST MAIN ST CITY/ST/ZIP/CO: LOUISVILLE, KY 40202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: R DALE VAUGHAN TITLE: VICE PRESIDENT ADDRESS: 500 WEST MAIN ST CITY/ST/ZIP/CO: LOUISVILLE, KY 40202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RALPH M WILSON TITLE: VICE PRESIDENT ADDRESS: 500 WEST MAIN ST CITY/ST/ZIP/CO: LOUISVILLE, KY 40202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOSEPH C VENTURA TITLE: Asst Secretary ADDRESS: 500 WEST MAIN ST CITY/ST/ZIP/CO: LOUISVILLE, KY 40202-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JAMES E MURRAY TITLE: DIRECTOR ADDRESS: 500 WEST MAIN ST CITY/ST/ZIP/CO: LOUISVILLE, KY 40202-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ GEORGE BAUERNFEIND _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GEORGE BAUERNFEIND, VICE _____ PRESIDENT PRINTED NAME AND CORPORATE TITLE
1/17/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	