

1.) CORPORATION NAME:

**KMG America Corporation**

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

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

DUE DATE: **1/31/2012**

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.

NAME:	MICHAEL B MCCALLISTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	500 W MAIN ST		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202-		
NAME:	GEORGE BAUERNFEIND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WEST MAIN STREET		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202-		
NAME:	GERALD L GANONI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WEST MAIN ST		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202-		
NAME:	CHARLES F LAMBERT III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WEST MAIN ST		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202-		
NAME:	R DALE VAUGHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WEST MAIN ST		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH M WILSON VICE PRESIDENT 500 WEST MAIN ST LOUISVILLE, KY 40202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN O. LENAHAN SECRETARY 500 WEST MAIN STREET LOUISVILLE, KY 40202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES N. BLOEM CFO/TREASURER 500 WEST MAIN STREET LOUISVILLE, KY 40202-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH C VENTURA ASST SECRETARY 500 WEST MAIN ST LOUISVILLE, KY 40202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES E MURRAY DIRECTOR 500 WEST MAIN ST 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	1/16/2012 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.			