

1.) CORPORATION NAME:

RES-CARE, INC.

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1309998**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	40,000,000
PREFER	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

KY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9901 LINN STATION RD

CITY/ST/ZIP: LOUISVILLE, KY 40223

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:	RALPH G GRONEFELD, JR.	
TITLE:	P/CEO	
ADDRESS:	9901 LINN STATION RD	
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40223	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DONALD ROSS DAVISON	
TITLE:	VP/T/CFO	
ADDRESS:	9901 LINN STATION RD.	
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40223	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEVEN S REED	
TITLE:	CHF LEGAL OFF/S	
ADDRESS:	9901 LINN STATION ROAD	
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40223	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KEVIN FISHER	
TITLE:	ASSIT. TREAS	
ADDRESS:	9901 LINN STATION ROAD	
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40223	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RACHAEL GIVENS	
TITLE:	CF. COMPL OFC	
ADDRESS:	9901 LINN STATION ROAD	
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40223	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PATRICK KELLEY	
TITLE:	COO	
ADDRESS:	9901 LINN STATION ROAD	
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40223	

NAME: JAMES BLOEM TITLE: DIRECTOR ADDRESS: 500 WEST MAIN STREET CITY/ST/ZIP/CO: LOUISVILLE, KY 40202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID BRADDOCK TITLE: DIRECTOR ADDRESS: 3825 INS AVE., SUITE 200 CITY/ST/ZIP/CO: BOULDER, CO 80301	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM BROCK TITLE: DIRECTOR ADDRESS: 9901 LINN STATION ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN EPSTEIN TITLE: DIRECTOR ADDRESS: 9901 LINN STATION ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT HALLAGAN TITLE: DIRECTOR ADDRESS: 9901 LINN STATION ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: OLIVIA KIRTLEY TITLE: DIRECTOR ADDRESS: 9901 LINN STATION ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT LEBLANC TITLE: DIRECTOR ADDRESS: 9901 LINN STATION ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223	<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/ STEVEN S REED SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVEN S REED, CHF LEGAL OFF/S PRINTED NAME AND CORPORATE TITLE	8/19/2014 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.		