

1.) CORPORATION NAME:

**The Jockey Club Racing Services, Inc.**

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1418658**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 821 CORPORATE DRIVE

CITY/ST/ZIP: LEXINGTON, KY 40503

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:	JAMES L GAGLIANO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	C/O THE JOCKEY CLUB 40 EAST 52ND ST., 15TH FL. NEW YORK, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	MARC SUMMERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	C/O THE JOCKEY CLUB 40 EAST 52ND ST., 15TH FL. NEW YORK, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	LAURA BARILLARO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	C/O THE JOCKEY CLUB 40 EAST 52ND ST., 15TH FL. NEW YORK, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	OGDEN MILLS PHIPPS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN		
ADDRESS:	C/O THE JOCKEY CLUB 40 EAST 52ND ST., 15TH FL. NEW YORK, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	JOHN W. AMERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O THE JOCKEY CLUB 40 EAST 52ND ST., 15TH FL. NEW YORK, NY 10022		
CITY/ST/ZIP/CO:			

NAME:	JAMES C. BRADY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O THE JOCKEY CLUB 40 EAST 52ND ST., 15TH FL. NEW YORK, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	WILLIAM FARISH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O THE JOCKEY CLUB 40 EAST 52ND ST., 15TH FL. NEW YORK, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	DELL HANCOCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O THE JOCKEY CLUB 40 EAST 52ND ST., 15TH FL. NEW YORK, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	IAN D. HIGHET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O THE JOCKEY CLUB 40 EAST 52ND ST., 15TH FL. NEW YORK, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	STUART S. JANNEY, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O THE JOCKEY CLU 40 EAST 52ND ST., 15TH FL. NEW YORK, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	RICHARD T. SANTULLI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O THE JOCKEY CLUB 40 EAST 52ND ST., 15TH FL. NEW YORK, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	DANIEL G. VAN CLIEF, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O THE JOCKEY CLUB 40 EAST 52ND ST., 15TH FL. NEW YORK, NY 10022		
CITY/ST/ZIP/CO:			
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/ MARC SUMMERS	MARC SUMMERS, SECRETARY	6/28/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.			