

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PM 6:43

DOCUMENT # 857558 (1)

1. Corporation Name
HAZELET & ERDAL, INC.

Principal Place of Business Mailing Address
WATERFRONT PLAZA TOWER 1 **WATERFRONT PLAZA TOWER 1**
325 WEST MAIN STREET **325 WEST MAIN STREET**
LOUISVILLE KY 40202-4251 **LOUISVILLE KY 40202-4251**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
08/29/1983 **07/13/1994**

4. FEI Number Applied For
61-1001944 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLWESTRAK, STANLEY J	1.2 NAME	Sylwestrak, Stanley J.
STREET ADDRESS	WATERFRONT PLAZA, 325 W. MAIN STREET	1.3 STREET ADDRESS	RR #1, Box 319A
CITY, ST, ZIP	LOUISVILLE KY	1.4 CITY, ST, ZIP	Cynthiana, KY 41031
TITLE	EVD	2.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFFENBERGER, JOHN H	2.2 NAME	Offenberger, John H.
STREET ADDRESS	312 PLUM STREET	2.3 STREET ADDRESS	201 E. 5th St., Ste. 1420
CITY, ST, ZIP	CINCINNATI OH	2.4 CITY, ST, ZIP	Cincinnati, OH 45202
TITLE	VSD	3.1 TITLE	Executive Vice Pres./Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, CHARLES D.	3.2 NAME	Wood, Charles D.
STREET ADDRESS	100 W. COURT STREET	3.3 STREET ADDRESS	325 W. Main St., Twr. 1, Ste. 1200
CITY, ST, ZIP	JEFFERSONVILLE IN	3.4 CITY, ST, ZIP	Louisville, KY 40202
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, WILLIAM E	4.2 NAME	
STREET ADDRESS	WATERFRONT PLAZA, 325 W. MAIN STREET	4.3 STREET ADDRESS	
CITY, ST, ZIP	LOUISVILLE KY	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Curless, Stephen C.
STREET ADDRESS		5.3 STREET ADDRESS	201 E. 5th St., Ste. 1420
CITY, ST, ZIP		5.4 CITY, ST, ZIP	Cincinnati, OH 45202
TITLE		6.1 TITLE	Vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Routson, Jeffrey D.
STREET ADDRESS		6.3 STREET ADDRESS	547 W. Jackson Blvd., Ste. 1500
CITY, ST, ZIP		6.4 CITY, ST, ZIP	Chicago, IL 60661

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or 13, as changed, or on an attachment with an address.

SIGNATURE: **William E. Stone** 3-3-95 (502) 583-2723

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR