

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004826

FILED
Feb 10, 2009
Secretary of State

Entity Name: ASHLAND BRANDED FINANCE, INC.

Current Principal Place of Business:

50 E. RIVERCENTER BLVD
COVINGTON, KY 410120391

New Principal Place of Business:

Current Mailing Address:

3499 BLAZER PARKWAY
LEXINGTON, KY 40509

New Mailing Address:

3499 BLAZER PARKWAY
ATTN: STATE TAX DEPT
LEXINGTON, KY 40509

FEI Number: 61-1283534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSDR () Delete
Name: FREEMAN, LYNN P
Address: 50 E. RIVERCENTER BLVD
City-St-Zip: COVINGTON, KY 410120391

Title: VPSD () Delete
Name: MATTINGLY, DAVID B
Address: 50 E. RIVERCENTER BOULEVARD
City-St-Zip: COVINGTON, KY 410120391

Title: VPFD () Delete
Name: WILLIS, J. KEVIN
Address: 50 E. RIVERCENTER BLVD
City-St-Zip: COVINGTON, KY 410120391

Title: TRES () Delete
Name: BROCE, JOSEPH R
Address: 50 E. RIVERCENTER BLVD
City-St-Zip: COVINGTON, KY 410120391

Title: ASAT () Delete
Name: EVANS, KAREN L
Address: 3499 BLAZER PKWY
City-St-Zip: LEXINGTON, KY 40509

Title: ASAT () Delete
Name: PACE, M. RAY
Address: 3499 BLAZER PKWY
City-St-Zip: LEXINGTON, KY 40509

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P.DR (X) Change () Addition
Name: FREEMAN, LYNN P
Address: 50 E. RIVERCENTER BLVD
City-St-Zip: COVINGTON, KY 410120391

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: ASEC (X) Change () Addition
Name: EVANS, KAREN L
Address: 3499 BLAZER PKWY
City-St-Zip: LEXINGTON, KY 40509

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN EVANS

ASEC

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date