

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000010459

Entity Name: CDO 2, LLC

Current Principal Place of Business:

500 W MAIN ST
LOUISVILLE, KY 40202

Current Mailing Address:

P.O. BOX 740026
LOUISVILLE, KY 40201-7426 US

FEI Number: 32-0545504

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Authorized Person(s) Detail :

Title ASSOCIATE VICE PRESIDENT,
ASSISTANT GENERAL COUNSEL AND
CORPORATE SECRETARY
Name RUSCHELL, JOSEPH M
Address 500 W MAIN ST
City-State-Zip: LOUISVILLE KY 40202

Title MANAGER
Name BROUSSARD, BRUCE D
Address 500 W MAIN ST
City-State-Zip: LOUISVILLE KY 40202

Title MANAGER
Name KANE, BRIAN A
Address 500 W MAIN ST
City-State-Zip: LOUISVILLE KY 40202

Title ASSOCIATE VICE PRESIDENT,
DIVISION FINANCE
Name JUDD, PATRICK N
Address 500 W MAIN ST
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND TREASURER
Name BAILEY, ALAN J
Address 500 W MAIN ST
City-State-Zip: LOUISVILLE KY 40202

Title MANAGER, PRESIDENT
Name BUCKINGHAM, RENEE J
Address 500 W MAIN ST
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, TAX
Name ROBINSON, D HANK
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: D HANK ROBINSON

SENIOR VICE PRESIDENT 04/15/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date