2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000010463

Entity Name: CDO 1, LLC

Current Principal Place of Business:

500 WEST MAIN STREET LOUISVILLE, KY 40202

Current Mailing Address:

C/O TAX DEPARTMENT P.O. BOX 740026 LOUISVILLE, KY 40201-7426 US

FEI Number: 35-2608414

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED Apr 15, 2022 Secretary of State 9447660693CC

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

	Title	DIRECTOR, VICE PRESIDENT, ASSOCIATE GENERAL COUNSEL AND	Title	VICE PRESIDENT AND TREASURER
		CORPORATE SECRETARY	Name	BAILEY, ALAN J
	Name	RUSCHELL, JOSEPH M	Address	500 WEST MAIN STREET
	Address	500 WEST MAIN STREET	City-State-Zip:	LOUISVILLE KY 40202
	City-State-Zip:	LOUISVILLE KY 40202	Title	MANAGER, PRESIDENT
	Title	MANAGER	Name	BUCKINGHAM, RENEE J
	Name	BROUSSARD, BRUCE D	Address	500 WEST MAIN STREET
	Address	500 WEST MAIN STREET	City-State-Zip:	LOUISVILLE KY 40202
	City-State-Zip:	LOUISVILLE KY 40202	Title	ASSOCIATE VICE PRESIDENT, DIVISION FINANCE
	Title	SENIOR VICE PRESIDENT, TAX	Name	JUDD, PATRICK N
	Name	ROBINSON, D HANK	Address	500 WEST MAIN STREET
	Address	500 WEST MAIN STREET	City-State-Zip:	LOUISVILLE KY 40202
	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, TAX 04/15/2022

Date

Electronic Signature of Signing Authorized Person(s) Detail