

2019 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**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** SENIOR VICE PRESIDENT, DEPUTY
GENERAL COUNSEL AND
CORPORATE SECRETARY**Name** NEWMAN, C BROOKS**Address** 500 WEST MAIN STREET**City-State-Zip:** LOUISVILLE KY 40202**Title** MANAGER**Name** BROUSSARD, BRUCE D**Address** 500 WEST MAIN STREET**City-State-Zip:** LOUISVILLE KY 40202**Title** MANAGER**Name** KANE, BRIAN A MD**Address** 500 WEST MAIN STREET**City-State-Zip:** LOUISVILLE KY 40202**Title** VICE PRESIDENT AND TREASURER**Name** BAILEY, ALAN J**Address** 500 WEST MAIN STREET**City-State-Zip:** LOUISVILLE KY 40202**Title** MANAGER, PRESIDENT**Name** BUCKINGHAM, RENEE J**Address** 500 WEST MAIN STREET**City-State-Zip:** LOUISVILLE KY 40202**Title** SENIOR VICE PRESIDENT, TAX**Name** ROBINSON, D HANK**Address** 500 WEST 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** 04/23/2019_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date