

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004826

**FILED**  
**Jan 21, 2014**  
**Secretary of State**  
**CC0977313042**

**Entity Name:** ASHLAND BRANDED FINANCE, INC.

**Current Principal Place of Business:**

50 E. RIVERCENTER BLVD  
COVINGTON, KY 41012-0391

**Current Mailing Address:**

ATTN: STATE TAX  
P. O. BOX 14000  
LEXINGTON, KY 40812

**FEI Number:** 61-1283534

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

**Officer/Director Detail :**

Title PRESIDENT, TREASURER, ASST  
SECRETARY & DIRECTOR  
Name FREEMAN, LYNN P  
Address 50 E RIVERCENTER BLVD  
City-State-Zip: COVINGTON KY 41012-0391

Title VICE PRESIDENT, SECRETARY &  
DIRECTOR  
Name RINES, DAVID A  
Address 50 E. RIVERCENTER BOULEVARD  
City-State-Zip: COVINGTON KY 41012-0391

Title VICE PRESIDENT-FINANCE &  
DIRECTOR  
Name BONI, ERIC N  
Address 50 E RIVERCENTER BLVD  
City-State-Zip: COVINGTON KY 41012-0391

Title ASSISTANT TREASURER-CASH  
CONTROL  
Name MENSHOUSE, BRIAN D  
Address 50 E RIVERCENTER BLVD  
City-State-Zip: COVINGTON KY 41012-0391

Title ASSISTANT TREASURER-TAX &  
ASSISTANT SECRETARY-TAX  
Name GREGG, SCOT A  
Address 50 E. RIVERCENTER BLVD.  
City-State-Zip: COVINGTON KY 41012

Title ASSISTANT TREASURER-TAX &  
ASSISTANT SECRETARY-TAX  
Name EVANS, KAREN L  
Address 3499 BLAZER PKWY  
City-State-Zip: LEXINGTON KY 40509

Title ASSISTANT SECRETARY  
Name ROE, MICHAEL S  
Address 50 E RIVERCENTER BLVD  
City-State-Zip: COVINGTON KY 41012

*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 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 all other like empowered.*

**SIGNATURE:** KAREN L EVANS

**ASSISTANT TREASURER- 01/21/2014**  
**TAX**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date