

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004826

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 PRES
Name FREEMAN, LYNN P
Address 50 E. RIVERCENTER BLVD
City-State-Zip: COVINGTON KY 41012-0391

Title VPAS
Name WILLIS, J K
Address 50 E. RIVERCENTER BOULEVARD
City-State-Zip: COVINGTON KY 41012-0391

Title SEC
Name RINES, DAVID A
Address 50 E. RIVERCENTER BLVD
City-State-Zip: COVINGTON KY 41012-0391

Title TRES
Name MENSHOUSE, BRIAN D
Address 50 E. RIVERCENTER BLVD
City-State-Zip: COVINGTON KY 41012-0391

Title ASEC
Name GREGG, SCOT A
Address 50 E. RIVERCENTER BLVD.
City-State-Zip: COVINGTON KY 41012

Title ASEC
Name EVANS, KAREN L
Address 3499 BLAZER PKWY
City-State-Zip: LEXINGTON KY 40509

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 SECRETARY- 03/04/2013
TAX**

Electronic Signature of Signing Officer/Director Detail

Date