

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002880

Entity Name: HILLERICH & BRADSBY CO.**Current Principal Place of Business:**800 WEST MAIN STREET
LOUISVILLE, KY 40202**Current Mailing Address:**800 WEST MAIN STREET
LOUISVILLE, KY 40202**FEI Number:** 61-0225940**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
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 P
Name HILLERICH IV, JOHN
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title TREASURER, CFO COO
Name WRITER, LAWRENCE
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title D
Name HILLERICH, JOHN III
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name LIENHART, JEFF
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title V
Name EDLIN, LARRY
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title S
Name MARTIN, NANCY L
Address 2100 HENRIOTT ROAD
City-State-Zip: GEORGETOWN IN

Title VP
Name CLARK, BILL
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name LYVERSE, STEVE
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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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: TANEE BREWER ON BEHALF OF HILLERICH &
BRADSBY CO****ASSISTANT TREASURER 01/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name REDMAN, RICK
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title ASST. TREASURER
Name BREWER, TANEE
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name SCHLEGEL, KYLE
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name VARGA, ANDREW
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title ASSISTANT CORPORATE SECRETARY
Name GANT, KIMBERLEY
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name KYLE, BEAIRD
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name SANTELLA, RON
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name BROWN, CHARLEY
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name CORDOVA, CARL
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name COLLINS, SEAN
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name ANNE, JEWELL
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202