

2018 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:** JILL PROBST

01/20/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name HILLERICH IV, JOHN
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

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

Title SR. VP GENERAL COUNSEL AND
CORPORATE SECRETARY
Name LYVERSE, STEVE
Address 800 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name REDMAN, RICK
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 TREASURER
Name BREWER, TANEE
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

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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

TREASURER

01/20/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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