

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 807245

1. Entity Name

ASHLAND INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90076 020 ***150.00

Principal Place of Business

Mailing Address

50 E. RIVERCENTER BLVD.
P.O. BOX 391
COVINGTON KY 41012-0391

50 E. RIVERCENTER BLVD.
P.O. BOX 391
COVINGTON KY 41011-1683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-0122250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
660 EAST JEFFERSON STREET
TALLAHASSEE, FL FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME CHELLGREN, PAUL W.
STREET ADDRESS 121 STONEYBROOK DRIVE
CITY-ST-ZIP ASHLAND KY

TITLE AS ☐ Delete
NAME JONES, RICHARD A
STREET ADDRESS 113 VANDERBILT DR
CITY-ST-ZIP LEXINGTON KY 40517

TITLE D ☒ Delete
NAME ROSE, MICHAEL D
STREET ADDRESS 1267 E MASSEY RD
CITY-ST-ZIP MEMPHIS TN 38119

TITLE D ☐ Delete
NAME ROUSE, WILLIAM
STREET ADDRESS 645 RAINTREE RD
CITY-ST-ZIP LEXINGTON KY 40502

TITLE S ☐ Delete
NAME FEAZELL, THOMAS L
STREET ADDRESS 902 EDGEWOOD AVE
CITY-ST-ZIP ASHLAND KY

TITLE VP ☐ Delete
NAME QUIN, J. MARVIN
STREET ADDRESS 117 STONEYBROOKE DRIVE
CITY-ST-ZIP ASHLAND KY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Solso, Theodore M
STREET ADDRESS 500 Jackson Street
CITY-ST-ZIP Columbus OH 47201-6258

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-2000

Date

(606) 357-7484

Daytime Phone #

CR2E034 (9/99)