

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90098 027 ***150.00

0624017 AT

DOCUMENT # 807245

1. Entity Name

ASHLAND INC.

Principal Place of Business

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

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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 ☐ Delete
NAME **C**
STREET ADDRESS **CHELLGREN, PAUL W.**
CITY-ST-ZIP **121 STONEYBROOK DRIVE
ASHLAND KY**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **50 E. RiverCenter Blvd.**
CITY-ST-ZIP **Covington KY 41012**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3499 Blazer Parkway**
CITY-ST-ZIP **Lexington KY 40509**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SOLSO, THEODORE M**
CITY-ST-ZIP **500 JACKSON STREET
COLUMBUS IN 47201-6258**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **500 Jackson Street**
CITY-ST-ZIP **Columbus IN 47201-6258**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2201 Regency Road Suite 602**
CITY-ST-ZIP **Lexington KY 40503**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **THOMAS, RICHARD P**
CITY-ST-ZIP **611 LEXINGTON AVE
TERRACE PARK OH 45174**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **50 E. RiverCenter Blvd.**
CITY-ST-ZIP **Covington KY 41012**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **50 E. RiverCenter Blvd.**
CITY-ST-ZIP **Covington KY 41012**

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 information empowered.

SIGNATURE

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A Jones

2/14/02 (859) 357-7484

Date

Daytime Phone #

CR2E034 (9/01)