FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **832477** **(4)**

1. Corporation Name

WHITEHOUSE, IRVIN H. & SONS COMPANY

Principal Place of Business
4600 JENNINGS LANE
P O BOX 32670
LOUISVILLE KY 40232

Mailing Address
4600 JENNINGS LANE
P O BOX 32670
LOUISVILLE KY 40232

3. Date Incorporated or Qualified: 06/06/1974
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 32670
Suite, Apt. #, etc.
27
City & State
28 Louisville, KY
Zip 29 40232 Country 30 USA

4. FEI Number: 61-0433220 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when new address) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	XX DELETE
NAME	KNOECHELMAN, DANIEL	
STREET ADDRESS	5007 MARJURIE DRIVE	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	STD	☐ DELETE
NAME	DULLAGHAN, TIMOTHY D	
STREET ADDRESS	2213 GERALD COURT, APT 3	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	CPD	☐ DELETE
NAME	WHITEHOUSE, ROBERT L.	
STREET ADDRESS	1319 LEIGHTON CIRCLE	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	VPD	☐ DELETE
NAME	WHITEHOUSE, ALBERT IRVIN	
STREET ADDRESS	8802 LAKERIDGE DRIVE	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	D	☐ DELETE
NAME	TACHAU, ERIC	
STREET ADDRESS	3710 FAIRWAY LANE	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	D	☐ DELETE
NAME	WHITEHOUSE, DONNA	
STREET ADDRESS	1319 LEIGHTON CIRCLE	
CITY-ST-ZIP	LOUISVILLE KY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☐ Change XX Addition
1.2 NAME	Zielke, Pam	
1.3 STREET ADDRESS	8901 Cromwell Hill Road	
1.4 CITY-ST-ZIP	Louisville, KY 40222	
2.1 TITLE		XX Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	311 Marshall Drive	
2.4 CITY-ST-ZIP	Louisville, KY 40207	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing, is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Timothy C. Dullaghan 1/16/96 (502)966-4176 ext 3033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)