2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Jan 11, 2001 8:00 am **DOCUMENT # 832477** Secretary of State WHITEHOUSE, IRVIN H. & SONS COMPANY 01-11-2001 90058 007 ***158.75 Principal Place of Business Mailing Address P.O. BOX 32670 4600 JENNINGS LANE 600943 LOUISVILLE KY 40232 P O BOX 32670 LOUISVILLE KY 40232 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 61-0433220 - Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 (NQTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition Delete TITLE TITLE NAME NAME CARPENTER, ALFRED K STREET ADDRESS STREET ADDRESS 2300 WATERFRONT PLAZA CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY X Change Addition X Delete ST TITLE John S. Carpenter NAME CHAMBERLAIN, SUSAN A NAME STREET ADDRESS 7313 Arrowwood Road. STREET ADDRESS 208 S. MADISON AVE CITY-ST-ZIP Louisville KY 40222 CITY-ST-ZIP MIDDLETOWN KY 40243 Change Addition ☐ Delete TITLE NAME **ULLUN, STEPHEN J** NAME STREET ADDRESS STREET ADDRESS 7 THEATER SQUARE CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY_40202 ☐ Change ☐ Addition ☐ Delete TITLE TITLE COWLEY, HAROLD E NAME NAME STREET ADDRESS STREET ADDRESS 212 MULBERRY STREET CITY-ST-7IP CITY-ST-ZIP **ELIZABETHTOWN KY** ☐ Addition Change Ch Delete TITLE TITLE NAME MILLER, DONALD NAME STREET ADDRESS STREET ADDRESS 120 E. WATERLOO STREET CITY-ST-7IP CITY-ST-ZIP CANAL WINCHESTER OH ☐ Change noitibhA 🔲 TITLE ☐ Delete TITLE NAME JONES, ROBERT NAME STREET ADDRESS STREET ADDRESS 5407 NAVAJO RD CITY-ST-7IP CITY-ST-ZIP LOUISVILLE KY 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.

John S. Carpenter 01/04/01

FILED

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502-966-4176