2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832477 1. Entity Name WHITEHOUSE, IRVIN H. & SONS COMPANY						Secretary of State 02-26-2002 90062 019 ***158.75			
Principal Place of Business 4600 JENNINGS LANE P O BOX 32670 LOUISVILLE KY 40232			Mailing Address P.O. BOX 32670 LOUISVILLE KY 40232 UŞ						
Principal Place of Business 3.			3. Mailing Address			1 (5318) (8188 (1118 (1814 618))	\$21 21211 21211 21211 11211 1		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number 61-0433220 Applied For Not Applicable			
Zip	Cour	ntry	Zip .	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Required	litional	
	6. Name and Ad	ddress of Current Reg	gistered Agent		7.	Name and Address of New Reg	<u> </u>		
				Name	Name				
CT CORPORATION SYSTEM				Street	et Address (P.O. Box Number is Not Acceptable)				
1200 S. PINE ISLAND ROAD				-					
PLANTAT	10N FL 33324								
				City			FL Zip Code	e	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2			E: Registered Agent signature required whe		einstating) 10. Election Campaign Financ Trust Fund Contribution.	~ ~ ~	0 May Be to Fees		
11.				12.		 DDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	S INI 11	
TITLE	OFFICERS AND DIRECTORS Delete			TITLE		Box 22/98	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	CARPENTER, ALFRED K 2300 WATERFRONT PLAZA LOUISVILLE KY			NAME STREET ADDRESS CITY-ST-ZIP	0RLA 7403 K	OCLAND, FL 32830 403 Keisler Way ouisville, KY 40222			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARPENTER, JOHN S 7313 ARROWWOOD RD			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULLUN, STEPHE 7 THEATER SQU LOUISVILLE KY	EN J JARE	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		**************************************	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWLEY, HARO 212 MULBERRY ELIZABETHTOW	old e Street	₹ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DONAL 120 E. WATERLO CANAL WINCHE	D Oo street	I Delete	: TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME	D JONES, ROBERT		X Delete	TITLE NAME			☐ Change	☐ Addition	

IGNATURE:

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Phone # SIGNATURE: