

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 6:26

DOCUMENT # **834035** (8)

1. Corporation Name

KOCH CORPORATION

Principal Place of Business

**1131 LOGAN STREET
P. O. BOX 4203
LOUISVILLE KY 40204**

Mailing Address

**1131 LOGAN STREET
P. O. BOX 4203
LOUISVILLE KY 40204**

DO NOT WRITE IN THIS SPACE.

5. Date incorporated or qualified

03/20/1975

3a. Date of last report

06/21/1994

4. FEI Number

61-0461707

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 ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD

**KOCH, CHAS. J.
2001 ASHLEY COURT
LOUISVILLE KY**

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SD

**SHOWALTER, KENNETH
1394 GIRARD DRIVE
LOUISVILLE KY**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

**Not an officer or
a director**

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD

**SUMSER, ROBERT G.
1039 CRISTLAND ROAD
LOUISVILLE KY**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

**Not an officer or
a director**

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TD

**MITCHELL, T.C.
4525 OVERDALE ROAD
LOUISVILLE KY**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD

**KOCH, C. STEPHEN
1609 ORMSBY LANE
LOUISVILLE KY**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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)(b), 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:

Tyrone C. Mitchell
Tyrone Mitchell

3-31-95

(502) 636-3511