

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **851278**

Corporation Name

J.J.B. HILLIARD, W.L. LYONS, INC.

Principal Place of Business

HILLIARD LYONS CENTER
1 4TH AVE
LOUISVILLE KY 40202

Mailing Address

P O BOX 32760
LOUISVILLE KY 40232
US

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90004 002 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
HILLIARD LYONS CENTER		P O BOX 32760		12/14/1981	
1 4TH AVE		LOUISVILLE KY 40232		4. FEI Number	
LOUISVILLE KY 40202		US		61-0734935	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country			
25		29		30	

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
85	Zip Code
	FL

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ST ADDRESS	EVD HEINTZMAN, JOE 501 SOUTH 4TH AVE. LOUISVILLE KY 40202	1.1 TITLE	EVD
ST-ZIP		1.2 NAME	James R. Allen
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	501 4th Ave
		1.4 CITY-ST-ZIP	Louisville, KY 40202
T ADDRESS	SVD MOORE, KENNETH 501 SOUTH 4TH AVE. LOUISVILLE KY 40202	2.1 TITLE	EVD
T-ZIP		2.2 NAME	E. Neal Cory II
	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS	501 4th Ave
		2.4 CITY-ST-ZIP	Louisville KY 40202
T ADDRESS	CPD STUCKERT, JAMES 501 SOUTH 4TH AVE. LOUISVILLE KY 40202	3.1 TITLE	D
T-ZIP		3.2 NAME	Ralph S. Michael III
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	One PNC Plaza, 249 5th Ave
		3.4 CITY-ST-ZIP	Pittsburg PA 15222
T ADDRESS	EVD STONE, JAMES III HILLIARD LYONS CENTER LOUISVILLE KY	4.1 TITLE	EVD
T-ZIP		4.2 NAME	James M. Rogers
	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS	501 4th Ave
		4.4 CITY-ST-ZIP	Louisville KY 40202
T ADDRESS	V ROSE, JEFFREY HILLIARD LYONS CENTER LOUISVILLE KY	5.1 TITLE	D
T-ZIP		5.2 NAME	Thomas K. Whitford
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	One PNC Plaza, 249 5th Ave
		5.4 CITY-ST-ZIP	Pittsburg PA 15222
T ADDRESS		6.1 TITLE	
T-ZIP		6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 dictated 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:

SIGNATURE REQUIRED

8-30-99

502.588.8651

CR2E034 (5/99)

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