

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002691

FILED  
Jan 03, 2006  
Secretary of State

Entity Name: ASHLAND DISTRIBUTION, A DIVISION OF ASHLAND INC.

## Current Principal Place of Business:

50 E. RIVER CENTER BLVD.  
P.O. BOX 391  
COVINGTON, KY 410120391

## New Principal Place of Business:

## Current Mailing Address:

ATTN: STATE INCOME TAX  
P.O. BOX 14000  
LEXINGTON, KY 40512

## New Mailing Address:

FEI Number: 20-0865835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: O'BRIEN, JAMES J  
Address: 50 E. RIVER CENTER BLVD.  
City-St-Zip: COVINGTON, KY 410120391

Title: SD ( ) Delete  
Name: HAUSRATH, DAVID L  
Address: 50 E. RIVER CENTER BLVD.  
City-St-Zip: COVINGTON, KY 410120391

Title: TD ( ) Delete  
Name: QUIN, MARVIN J  
Address: 50 E. RIVER CENTER BLVD.  
City-St-Zip: COVINGTON, KY 410120391

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS/T ( ) Change (X) Addition  
Name: COLVIN, JEROME M  
Address: 3499 BLAZER PKWY  
City-St-Zip: LEXINGTON, KY 40509

Title: AS/T ( ) Change (X) Addition  
Name: PACE, M. RAY  
Address: 3499 BLAZER PKWY  
City-St-Zip: LEXINGTON, KY 40509

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME M. COLVIN

AS/T

01/03/2006

Electronic Signature of Signing Officer or Director

Date