# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2007**
**Secretary of State**

DOCUMENT# F05000002691

**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:**

50 E. RIVER CENTER BLVD.
COVINGTON, KY 410120391

**Current Mailing Address:**

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

**New Mailing Address:**

3499 BLAZER PKWY
LEXINGTON, KY 40509

**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: | AS/T | ( ) Delete |
| Name: | COLVIN, JEROME M | |
| Address: | 3499 BLAZER PKWY | |
| City-St-Zip: | LEXINGTON, KY 40509 | |
| Title: | AS/T | ( ) Delete |
| Name: | PACE, M. RAY | |
| Address: | 3499 BLAZER PKWY | |
| City-St-Zip: | LEXINGTON, KY 40509 | |

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

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 AT/S 01/08/2007

Electronic Signature of Signing Officer or Director — Date