2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# F05000002691

Entity Name: ASHLAND INC.

Current Principal Place of Business:

50 E. RIVERCENTER BLVD.
COVINGTON, KY 410120391

New Principal Place of Business:

Current Mailing Address:

3499 BLAZER PKWY
ATTN: STATE INCOME TAX
LEXINGTON, KY 40509

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:	CEO	( ) Delete
Name:	JAMES J. O'BRIEN,	
Address:	50 E. RIVER CENTER BLVD.	
City-St-Zip:	COVINGTON, KY 410120391	
Title:	SRVP	( ) Delete
Name:	HAUSRATH, DAVID L	
Address:	50 E. RIVERCENTER BLVD.	
City-St-Zip:	COVINGTON, KY 410120391	
Title:	CFO	( ) Delete
Name:	QUIN, MARVIN J	
Address:	50 E. RIVERCENTER BLVD.	
City-St-Zip:	COVINGTON, KY 410120391	
Title:	TRES	( ) Delete
Name:	WILLIS, J. KEVIN	
Address:	50 E. RIVERCENTER BLVD.	
City-St-Zip:	COVINGTON, KY 410120391	
Title:	ASAT	( ) Delete
Name:	PACE, M. RAY	
Address:	3499 BLAZER PKWY	
City-St-Zip:	LEXINGTON, KY 40509	
Title:	ASEC	( ) Delete
Name:	EVANS, KAREN L	
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:	CFO	(X) Change ( ) Addition
Name:	CHAMBERS, LAMAR M	
Address:	50 E. RIVERCENTER BLVD.	
City-St-Zip:	COVINGTON, KY 410120391	
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 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: KAREN EVANS ASEC 02/10/2009

Electronic Signature of Signing Officer or Director — Date