

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002691

FILED
Mar 12, 2012
Secretary of State

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 TAX DEPT.
LEXINGTON, KY 40509

New Mailing Address:

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

FEI Number: 20-0865835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

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

Title: SRVP
Name: GANZ, PETER J
Address: 50 E. RIVERCENTER BLVD.
City-St-Zip: COVINGTON, KY 410120391

Title: CFO
Name: CHAMBERS, LAMAR M
Address: 50 E. RIVERCENTER BLVD.
City-St-Zip: COVINGTON, KY 410120391

Title: TRES
Name: BONI, ERIC N
Address: 50 E. RIVERCENTER BLVD.
City-St-Zip: COVINGTON, KY 410120391

Title: SEC
Name: FOSS, LINDA L
Address: 50 E. RIVERCENTER BLVD.
City-St-Zip: COVINGTON, KY 410120391

Title: ASEC
Name: EVANS, KAREN L
Address: 3499 BLAZER PKWY
City-St-Zip: LEXINGTON, KY 40509

I hereby 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 all other like empowered.

SIGNATURE: KAREN L. EVANS

ASEC

03/12/2012

Electronic Signature of Signing Officer or Director

Date