

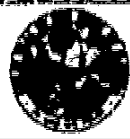
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murthen
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006431 (0)

1. Corporation Name
LG&E POWER MARKETING INC.

Principal Place of Business Mailing Address
P.O. BOX 32380 LOUISVILLE KY 40232 **P.O. BOX 32380 LOUISVILLE KY 40232**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/16/1994** 3a. Date of Last Report

4. FEI Number **52-1889481** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 **FL** 85 Zip Code

11. 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	and CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASEY, EDWARD J JR	1.2 NAME	
STREET ADDRESS	220 W. MAIN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINNIS, MICHAEL L	2.2 NAME	
STREET ADDRESS	12500 FAIR LAKES CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22033	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZULANDI, ROBERT M	3.2 NAME	
STREET ADDRESS	12500 FAIR LAKES CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22033	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, BILLY	4.2 NAME	
STREET ADDRESS	2030 MAIN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92714	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DABBENE, ANTHONY C	5.2 NAME	S. Bradford Rives
STREET ADDRESS	220 W. MAIN ST.	5.3 STREET ADDRESS	220 West Main Street
CITY-ST-ZIP	LOUISVILLE KY 40202	5.4 CITY-ST-ZIP	Louisville, KY 40202
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULL, B. JEANNE	6.2 NAME	
STREET ADDRESS	12500 FAIR LAKES CIR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22033	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated 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: *S. Bradford Rives* **4-6-95** (502) 627-3990
By: **S. Bradford Rives, V.P. and Treasurer**