

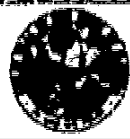
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 APR 24 AM 9:12

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      P.O. BOX 32380**  
**LOUISVILLE KY 40232      LOUISVILLE KY 40232**

DO NOT WRITE IN THIS SPACE.

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

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		52-1889481		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		6a. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country		24		25	
29		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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	V.P. & Treasurer
STREET ADDRESS	220 W. MAIN ST.	5.3 STREET ADDRESS	S. Bradford Rives
CITY-ST-ZIP	LOUISVILLE KY 40202	5.4 CITY-ST-ZIP	220 West Main Street
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**