

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

2. Principal Place of Business

2a. Mailing Address

21 **12500 Fair Lakes Circle**

26 **220 West Main Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **11th Floor**

City & State

City & State

23 **Fairfax, VA**

28 **Louisville, KY**

Zip

Country

Zip

Country

24 **22033**

25 **U.S.**

29 **40202**

30 **U.S.**

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**

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

Signature, typed or printed name of registered agent and their applicable

DATE Registered Agent's signature to prevail when recording

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CFO**  DELETE  
NAME **CASEY, EDWARD J JR**  
STREET ADDRESS **220 W. MAIN ST.**  
CITY- ST- ZIP **LOUISVILLE KY**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

TITLE **PD**  DELETE  
NAME **MCINNIS, MICHAEL L**  
STREET ADDRESS **12500 FAIR LAKES CIR.**  
CITY- ST- ZIP **FAIRFAX VA 22033**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

TITLE **VD**  DELETE  
NAME **ZULANDI, ROBERT M**  
STREET ADDRESS **12500 FAIR LAKES CIR.**  
CITY- ST- ZIP **FAIRFAX VA 22033**

31 TITLE **DIRECTOR**  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

TITLE **V**  DELETE  
NAME **OWENS, BILLY**  
STREET ADDRESS **2030 MAIN ST.**  
CITY- ST- ZIP **IRVINE CA 92714**

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS **3200 PARK CENTER DRIVE**  
44 CITY- ST- ZIP **COSTA MESA, CA 92626**

TITLE **VPT**  DELETE  
NAME **DABBENE, ANTHONY C**  
STREET ADDRESS **220 W. MAIN ST.**  
CITY- ST- ZIP **LOUISVILLE KY**

51 TITLE **V.P./Controller/Treasurer**  Change  Addition  
52 NAME **S. Bradford Rives**  
53 STREET ADDRESS **220 West Main Street, 4th Floor**  
54 CITY- ST- ZIP **Louisville, KY 40202**

TITLE **V**  DELETE  
NAME **HULL, B. JEANINE**  
STREET ADDRESS **12500 FAIR LAKES CIR.**  
CITY- ST- ZIP **FAIRFAX VA 22033**

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 19.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*S. Bradford Rives*

3-18-96

(502) 627-3990

CR2E034 (12/95)