

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: P.O. BOX 32380 LOUISVILLE KY 40232
Mailing Address: P.O. BOX 32380 LOUISVILLE KY 40232

2. Principal Place of Business: 21 12500 Fair Lakes Circle, Suite, Apt. #, etc. 22, City & State: 23 Fairfax, VA, Zip: 24 22033, Country: 25 U.S.
2a. Mailing Address: 26 220 West Main Street, Suite, Apt. #, etc. 27, City & State: 28 Louisville, KY, Zip: 29 40202, Country: 30 U.S.

3. Date Incorporated or Qualified: 12/16/1994
3a. Date of Last Report: 04/24/1995
4. FEI Number: 52-1889481
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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, 85 Zip Code (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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input 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	1.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, BILLY	4.2 NAME	
STREET ADDRESS	2030 MAIN ST.	4.3 STREET ADDRESS	3200 PARK CENTER DRIVE
CITY- ST- ZIP	IRVINE CA 92714	4.4 CITY- ST- ZIP	COSTA MESA, CA 92626
TITLE	VPT <input type="checkbox"/> DELETE	5.1 TITLE	V.P./Controller/Treasurer <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, 4th Floor
CITY- ST- ZIP	LOUISVILLE KY	5.4 CITY- ST- ZIP	Louisville, KY 40202
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULL, B. JEANINE	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 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)