

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

Zip

Country

Country

24 22033

25 U.S.

29 40202

30 U.S.

9. Name and Address of Current 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

3. Date Incorporated or Qualified

12/16/1994

3a. Date of Last Report

04/24/1995

4. FEI Number

52-1889481

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 be provided when not using

DATE

12. OFFICERS AND DIRECTORS

TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	CASEY, EDWARD J JR	
STREET ADDRESS	220 W. MAIN ST.	
CITY-STATE-ZIP	LOUISVILLE KY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCINNIS, MICHAEL L	
STREET ADDRESS	12500 FAIR LAKES CIR.	
CITY-STATE-ZIP	FAIRFAX VA 22033	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZULANDI, ROBERT M	
STREET ADDRESS	12500 FAIR LAKES CIR.	
CITY-STATE-ZIP	FAIRFAX VA 22033	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OWENS, BILLY	
STREET ADDRESS	2030 MAIN ST.	
CITY-STATE-ZIP	IRVINE CA 92714	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	DABBENE, ANTHONY C	
STREET ADDRESS	220 W. MAIN ST.	
CITY-STATE-ZIP	LOUISVILLE KY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HULL, B. JEANINE	
STREET ADDRESS	12500 FAIR LAKES CIR.	
CITY-STATE-ZIP	FAIRFAX VA 22033	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3200 PARK CENTER DRIVE
4.4 CITY-STATE-ZIP	COSTA MESA, CA 92626
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V.P./Controller/Treasurer
5.3 STREET ADDRESS	S. Bradford Rives
5.4 CITY-STATE-ZIP	220 West Main Street, 4th Floor
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Louisville, KY 40202
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 119.07(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)