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**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90043 003 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000006431**

1. Corporation Name  
**LG&E ENERGY MARKETING INC.**



Principal Place of Business: 220 W MAIN ST LOUISVILLE KY 40202 US  
 Mailing Address: 220 W MAIN ST LOUISVILLE KY 40202 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/16/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

52-1889481

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BERGER, WALTER Z.	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	220 WEST MAIN ST		1.2 NAME
STREET ADDRESS	LOUISVILLE KY		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	S MCCALL, JOHN R	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	220 W MAIN ST		2.2 NAME
STREET ADDRESS	LOUISVILLE KY 40202		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	VPC RIVES, S B	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	220 WEST MAIN STREET		3.2 NAME
STREET ADDRESS	LOUISVILLE KY 40202		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	SVPD YURKANIN, JOHN	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	220 W MAIN ST		4.2 NAME
STREET ADDRESS	LOUISVILLE KY 40202		4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

PD Callus, Martyn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
220 W main Street Louisville Ky 40202	
VPC Robinson, Michael D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
220 West Main Street Louisville Ky 40202	
SVPD Duncan, Richard Foster	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
220 W main St Louisville Ky 40202	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Michael D Robinson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99

502 627 4959

Date

Daytime Phone #

CR2E034 (11/98)