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**FILED**  
**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

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/16/1994

4. FEI Number

52-1889481

Applied For

Not Applicable

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 owes the current year Intangible

Personal Property Tax.  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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERGER, WALTER Z.	
STREET ADDRESS	220 WEST MAIN ST	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCCALL, JOHN R	
STREET ADDRESS	220 W MAIN ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	VPC	<input checked="" type="checkbox"/> DELETE
NAME	RIVES, S B	
STREET ADDRESS	220 WEST MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	SVPD	<input checked="" type="checkbox"/> DELETE
NAME	YURKANIN, JOHN	
STREET ADDRESS	220 W MAIN ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Callus, Martyn	
1.3 STREET ADDRESS	220 W main Street	
1.4 CITY-ST-ZIP	Louisville Ky 40202	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VPC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robinson, Michael D	
3.3 STREET ADDRESS	220 West Main Street	
3.4 CITY-ST-ZIP	Louisville Ky 40202	
4.1 TITLE	SVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Duncan, Richard Foster	
4.3 STREET ADDRESS	220 W main St	
4.4 CITY-ST-ZIP	Louisville Ky 40202	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 **REQUIRED**

3-23-99

502 627 4959

CR2E034 (11/98)