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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 Zip Country

29 Zip Country

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	<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		

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99

502 627 4959

Date

Daytime Phone #

CR2E034 (11/98)