

F95000003559

Document Number Only

C T CORPORATION SYSTEM  
Requestor's Name  
660 East Jefferson Street  
Address  
Tallahassee, Florida 32301  
City State Zip Phone  
904-222-1092  
CORPORATION(S) NAME

800001544058  
-07/24/95--01054--011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Bulk Distribution Center, Inc.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Reservation	<input type="checkbox"/> Change of R.A.
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Fictitious Name
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> CUS/ G/S
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input checked="" type="checkbox"/> Walk In		
<input type="checkbox"/> Mail Out		

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:00  
7-24-95

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

1. BULK DISTRIBUTION CENTERS OF KY., INC.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Kentucky

(State or country under the law of which it is incorporated)

3. 61-1283400

(FEI number, if applicable)

4. May 25, 1995

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 6501 Gell Lane, Suite 200, Louisville, Kentucky 40219

(Current mailing address)

8. Intermodal transport.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System

(Registered agent's signature) (Officer)

G.L. Hatfield, Assistant Secretary

(Type Name and Title of Officer)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: Donald L. Stump

Address: 6501 Geil Lane, Suite 200

Louisville, Kentucky 40219

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

B. OFFICERS

President: Donald L. Stump

Address: 6501 Geil Lane, Suite 200

Louisville, Kentucky 40219

\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Secretary: Donald L. Stump

Address: 6501 Geil Lane, Suite 200

Louisville, Kentucky 40219

\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Donald L. Stump, President

(Typed or printed name and capacity of person signing application)



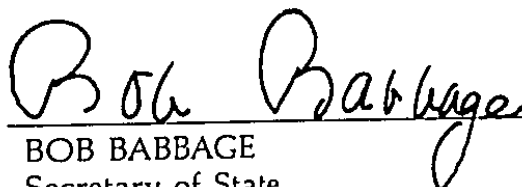
OFFICE OF THE SECRETARY OF STATE  
**CERTIFICATE OF EXISTENCE  
DOMESTIC CORPORATION**

I, BOB BABBAGE, Secretary of State of the Commonwealth of Kentucky, do hereby certify, that according to the records in the office of the Secretary of State of the Commonwealth of Kentucky, BULK DISTRIBUTION  
CENTERS OF KY., INC.

is a corporation organized and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is MAY 25, 1995 ;  
and whose period of duration is PERPETUAL .

I further certify, that said corporation has paid all fees due and owing to the office of the Secretary of State of the Commonwealth of Kentucky to date; has delivered to the Secretary of State its most recent annual report, as required by KRS 271B.16-220 or 273.3671; and has not filed articles of dissolution.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at Frankfort, Kentucky, this 20TH day of JULY ,  
19 95 .

  
BOB BABBAGE  
Secretary of State  
Commonwealth of Kentucky

F95000003559

OGDEN NEWELL & WELCH

RICHARD H. NEWELL  
JAMES S. WELCH  
JOHN T. BALLANTINE  
JOSEPH C. OLMIAM  
JAMES L. COORSEN\*  
STEPHEN E. SCHUSTER  
JOHN G. TRITE, JR.  
WALTER LAPP SALES  
ERNEST W. WILLIAMS  
W. GREGORY KING

KENDRICK R. RIGGS†  
ROBERT E. THOMAS  
JAMES B. MARTIN, JR.  
LISA ANN VOOT  
TURNER E. HERRY  
JOHN WADE HENDRICKS  
LYNN H. WANDERIN  
JAMES G. CAMPBELL  
DOUGLAS C. BALLANTINE  
CYNTHIA LYNN HUMPHREYS

1200 ONE RIVERFRONT PLAZA  
LOUISVILLE, KENTUCKY 40202-2973  
(502) 582-1601  
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JERRY C. PICK  
TRACY S. PREWITT\*\*  
THOMAS E. RUTLEDGE††  
THOMAS M. WILLIAMS\*\*  
SHARON A. MATTINOLY  
ALLISON K. STURGEON  
TIMOTHY J. EHLER  
ENOCH M. POON  
J. GREGORY CORNETT  
MELONY J. LANE  
JOSEPH A. KIRWAN

OF COUNSEL  
JOHN S. GREENBAUM PSC  
GREGORY J. HUBALD\*\*  
SQUIRE R. OGDEN  
1899-1984  
ALSO ADMITTED:  
\*FLORIDA  
\*\*INDIANA  
†VIRGINIA  
††DISTRICT OF COLUMBIA

February 13, 1997

Florida Secretary of State  
Corporations Division  
State Department  
409 E. Gaines Street  
Tallahassee, Florida 32399

500002088045--1  
-02/14/97--01063--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: Bulk Distribution Centers of Ky., Inc.  
Our File No. 27720/5

Dear Sir or Madam,

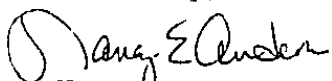
Enclosed for filing is an Application for Certificate of Withdrawal for Bulk Distribution Centers of Ky. Also enclosed is our check in the amount of \$35.00 as the filing fee for this document.

The Corporation will cease doing business in your state as of the close of business Friday, February 14, 1997.

Please send file-stamped copies to my attention.

We appreciate your time and attention to this matter. If you have any questions, or need additional information, please don't hesitate to call.

Sincerely,

  
Nancy E. Anderson  
Paralegal

VS FEB 20 1997

/na

Withdr.

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY  
TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Bulk Distribution Centers of Ky., Inc.

(Name of Corporation)

Kentucky

(Incorporated Under Laws Of)

FILED  
97 FEB 14 PM 12:47  
FBI

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

6501 Geill Lane

(Mailing Address)

Louisville, Kentucky 40219

(City - State - Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

*Donald L. Stump*

Signature

2-14-97

Date

Donald L. Stump

Typed or printed name

President

Title

**F95000003559**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Bulk Distribution Centers of KY, Inc. EIN or SS#: 61-1283400

Address: 6501 Gell Lane, Suite 200  
Louisville KY 40219

Amount: \$165.00 Date Paid 4/16/97

Reason for claim: Corporation filed a withdrawal on 2/14/97.

YEP F95000003559

Certified true and correct this 5th day of May, 19 97.

Signature Donald X Stamp

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to	
substantiate the claim.	Amount of recommended refund \$ <u>165.00</u>
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No. <u>947561026</u> dated <u>4/16/97</u>	
Name of Account	
<u>45202130001453000000000010000</u>	
Statutory Authority for Collection <u>UC-1</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT	
<u>452021300014530000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations	(Authorized Signature and Title)
(Agency)	