


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90219 011 ***150.00

DOCUMENT # F99000000580 1. Entity Name CHURCHILL DOWNS MANAGEMENT COMPANY					
Principal Place of Business 700 CENTRAL AVENUE LOUISVILLE, KY 40208			Mailing Address 700 CENTRAL AVENUE LOUISVILLE, KY 40208		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 61-1165963	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAFACE, RONALD C 101 E COLLEGE AVENUE TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, JOHN R 700 CENTRAL AVENUE LOUISVILLE, KY	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUNN, KENNETH C 21001 NW 27TH AVENUE MIAMI, FL 33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REED, REBECCA C 700 CENTRAL AVENUE LOUISVILLE, KY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MEEKER, THOMAS H 700 CENTRAL AVENUE LOUISVILLE, KY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMITT, KARL F JR 700 CENTRAL AVENUE LOUISVILLE, KY 40208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKEHAN, ANDREW G 700 CENTRAL AVENUE LOUISVILLE, KY 40208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Rebecca C. Reed</u> <u>Rebecca C. Reed</u> <u>4-20-04</u> <u>502-636-4400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment

CHURCHILL DOWNS MANAGEMENT COMPANY

Document No. F99000000580

(11) Officers and Directors

Title Name Street Address City - State - Zip	V Clifford C. Goodrich 2000 Euclid Avenue Arlington Heights, IL 60006	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City - State - Zip	V/T Vicki L. Baumgardner 700 Central Avenue Louisville, KY 40208	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City - State - Zip	V Frederick M. Baedeker, Jr. 1050 S. Prairie Ave. Inglewood, CA 90301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City - State - Zip	V Richard B. Moore 4500 Dan Patch Blvd. Anderson, IN 46013	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City - State - Zip	V Donald R. Richardson 700 Central Avenue Louisville, KY 40208	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City - State - Zip	V Steven P. Sexton 700 Central Avenue Louisville, KY 40208	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City - State - Zip	AS Mary Ann Guenther 700 Central Avenue Louisville, KY 40208	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City - State - Zip	AT/D Michael E. Miller 700 Central Avenue Louisville, KY 40208	<input type="checkbox"/> Change <input type="checkbox"/> Addition