

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002009

1. Entity Name

LG&E ENERGY MARKETING INC.

FILED

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
220 W. MAIN ST
LOUISVILLE KY 40202

Mailing Address
220 W. MAIN ST
LOUISVILLE KY 40202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **73-1226067**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GALLUS, MARTYN	
STREET ADDRESS	220 W. MAIN ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DUNCAN, R. FOSTER	
STREET ADDRESS	220 W. MAIN ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MARKE, CHARLES A III	
STREET ADDRESS	220 W. MAIN ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCALL, JOHN R	
STREET ADDRESS	220 W. MAIN ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	VC	<input type="checkbox"/> Delete
NAME	RIVES, S. BRADFORD	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John R. McCall* **SIGNATURE REQUIRED** John R. McCall, Secretary (502)627-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)