

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000002009

FILED  
Jul 16, 2002  
Secretary of State

Entity Name: LG&E ENERGY MARKETING INC.

## Current Principal Place of Business:

220 W. MAIN ST  
LOUISVILLE, KY 40202

## New Principal Place of Business:

220 W. MAIN ST,  
LOUISVILLE, KY 40202

## Current Mailing Address:

220 W. MAIN ST  
LOUISVILLE, KY 40202

## New Mailing Address:

220 W. MAIN ST., 11TH FLOOR  
LOUISVILLE, KY 40202

FEI Number: 73-1226067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GALLUS, MARTYN  
Address: 220 W. MAIN ST  
City-St-Zip: LOUISVILLE, KY 40202

Title: VP ( ) Delete  
Name: THOMPSON, PAUL W  
Address: 220 W. MAIN ST  
City-St-Zip: LOUISVILLE, KY 40202

Title: VP ( ) Delete  
Name: STAFFIERI, VICTOR A  
Address: 220 W. MAIN ST  
City-St-Zip: LOUISVILLE, KY 40202

Title: SD ( ) Delete  
Name: MCCALL, JOHN R  
Address: 220 W. MAIN ST  
City-St-Zip: LOUISVILLE, KY 40202

Title: VC ( ) Delete  
Name: RIVES, S. BRADFORD  
Address: 220 W. MAIN ST  
City-St-Zip: LOUISVILLE, KY 40202

Title: VP ( ) Delete  
Name: AITKEN-DAVIES, RICHARD  
Address: 220 W. MAIN ST  
City-St-Zip: LOUISVILLE, KY 40202

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CEO (X) Change ( ) Addition  
Name: STAFFIERI, VICTOR A  
Address: 220 W. MAIN ST  
City-St-Zip: LOUISVILLE, KY 40202

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. MCCALL

SD

07/16/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date