

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002009

FILED  
Jul 09, 2008  
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:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: CEO ( ) 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: ARBOUGH, DANIEL K  
Address: 220 W. MAIN ST  
City-St-Zip: LOUISVILLE, KY 40202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: SINCLAIR, DAVID S  
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:

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 exemption stated in Chapter 119, 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

Electronic Signature of Signing Officer or Director

VP

07/09/2008

\_\_\_\_\_ Date