

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Angela B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

S-1-9
B. led 89 e

DOCUMENT # J40471 (1)
1. Corporation Name:
CEDARS BTW PROGRAM, INC.

Principal Place of Business: **201 WEST MAIN STREET
P.O. BOX 740035
LOUISVILLE KY 40201-7435**
Mailing Address: **201 WEST MAIN STREET
P.O. BOX 740035
LOUISVILLE KY 40201-7435**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **10/29/1986**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2741293**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. The corporation has liability for intangible tax under S. 199.037, Florida Statutes: Yes No

2. Principal Place of Business:
21. ONE PARK PLAZA
22. State Apt # etc.:
23. NASHVILLE TN
24. 37203
25. City & State:
26. PO BOX 570
27. ATTN: TAX DEPT.
28. NASHVILLE TN
29. 37202
30. City & State:

9. Name and Address of Current Registered Agent:
**C T CORPORATION SYSTEM
1201 HAYES ST.
STE. #105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0600 and 607.1008, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0600, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------------|----------------------|
| 12.1. TITLE | PCEO |
| 12.2. NAME | SCOTT, RICHARD L |
| 12.3. STREET ADDRESS | 201 WEST MAIN STREET |
| 12.4. CITY & STATE | LOUISVILLE KY 40202 |
| 12.5. TITLE | CEO |
| 12.6. NAME | VANDEWATER, DAVID T. |
| 12.7. STREET ADDRESS | 201 WEST MAIN STREET |
| 12.8. CITY & STATE | LOUISVILLE KY 40202 |
| 12.9. TITLE | SVPD |
| 12.10. NAME | BRAUN, STEPHEN T. |
| 12.11. STREET ADDRESS | 201 WEST MAIN STREET |
| 12.12. CITY & STATE | LOUISVILLE KY 40202 |
| 12.13. TITLE | SVPD |
| 12.14. NAME | COLBY, DAVID C. |
| 12.15. STREET ADDRESS | 201 WEST MAIN STREET |
| 12.16. CITY & STATE | LOUISVILLE KY 40202 |
| 12.17. TITLE | SVP |
| 12.18. NAME | GRECO, SAMUEL A. |
| 12.19. STREET ADDRESS | 201 WEST MAIN STREET |
| 12.20. CITY & STATE | LOUISVILLE KY 40202 |
| 12.21. TITLE | SVP |
| 12.22. NAME | MOORE, JOSEPH D. |
| 12.23. STREET ADDRESS | 201 WEST MAIN STREET |
| 12.24. CITY & STATE | LOUISVILLE KY 40202 |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 12:

| | | |
|-----------------------|------------------------|--|
| 13.1. TITLE | SVPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2. NAME | RICHARD A. SCHWEINHART | |
| 13.3. STREET ADDRESS | ONE PARK PLAZA | |
| 13.4. CITY & STATE | NASHVILLE TN 37203 | |
| 13.5. TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6. NAME | | |
| 13.7. STREET ADDRESS | ONE PARK PLAZA | |
| 13.8. CITY & STATE | NASHVILLE TN 37203 | |
| 13.9. TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10. NAME | | |
| 13.11. STREET ADDRESS | ONE PARK PLAZA | |
| 13.12. CITY & STATE | NASHVILLE TN 37203 | |
| 13.13. TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14. NAME | | |
| 13.15. STREET ADDRESS | ONE PARK PLAZA | |
| 13.16. CITY & STATE | NASHVILLE TN 37203 | |
| 13.17. TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.18. NAME | | |
| 13.19. STREET ADDRESS | ONE PARK PLAZA | |
| 13.20. CITY & STATE | NASHVILLE TN 37203 | |

14. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.021, Florida Statutes. Further, I certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am available to check for the completion of the report required to complete this report as required by Chapter 167, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as required by Chapter 167, Florida Statutes.

SIGNATURE: *B. Arnold* Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 26 '95

415-330-2151