2002 UNIFORM BUSINESS REPORT (UBR)

Jun 04, 2002 8:00 am Secretary of State DOCUMENT # M00000000657 1. Entity Name 06-04-2002 90220 026 ****50.00 W.T. YOUNG, LLC Principal Place of Business Mailing Address 2225 YOUNG DRIVE 2225 YOUNG DRIVE **LEXINGTON KY 40589 LEXINGTON KY 40589** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 61-0545498 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CR2E083 (9/01) TITLE MGRM ☐ Delete TITLE ☐ Addition NAME YOUNG, W.T. JR. NAME STREET ADDRESS 2225 YOUNG DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LEXINGTON KY 40589** ☐ Addition TITLE MGRM ☐ Delete ☐ Change THE WILLIAM T. YOUNG FOUNDATION, INC. NAME NAME STREET ADDRESS 2225 YOUNG DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-LEXINGTON KY 40589 MGRM ☐ Delete TITLE Change ☐ Addition YOUNG, WILLIAM T TRUSTEE NAME STREET ADDRESS STREET ADDRESS 2225 YOUNG DRIVE CITY-ST-ZIP CITY-ST-ZIP **LEXINGTON KY 40589 MGRM** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BANK ONE, KENTUCKY, NA, TRUSTEE 5/9/79 NAME STREET ADDRESS BANK ONE PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LEXINGTON KY 40507 MGRM** ☐ Delete TITLE Change ☐ Addition NAME BANK ONE, KENTUCKY, NA, TRUSTEE 12/28/76 NAME STREET ADDRESS

FILED

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

BANK ONE PLAZA

LEXINGTON KY 40507

CITY-ST-ZIP

STREET ADDRESS

City-ST-ZIP

TITLE

NAME

FJUTURE PROPERTE Darren VA finance 5/28/028593352252