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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00048** (9)
1. Corporation Name
LG&E POWER ENGINEERS AND CONSTRUCTORS INC.

Principal Place of Business	Mailing Address
200 WEST MAIN STREET P.O. BOX 32000 LOUISVILLE KY 40232	200 WEST MAIN STREET P.O. BOX 32000 LOUISVILLE KY 40232 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

APPROVED
AND
FILED

95 APR 24 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/29/1983	3a. Date of Last Report 03/30/1994
4. FEI Number 95-3724624	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the 7 applicable (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	CASEY, EDWARD J. JR.
STREET ADDRESS	220 W. MAIN ST.
CITY - ST - ZIP	LOUISVILLE KY
TITLE	VPT
NAME	FORD, WILLIAM R., JR.
STREET ADDRESS	2030 MAIN ST
CITY - ST - ZIP	IRVINE CA
TITLE	VPC
NAME	DABBENE, ANTHONY C.
STREET ADDRESS	2030 MAIN ST
CITY - ST - ZIP	IRVINE CA
TITLE	AS
NAME	WEISS, BARRY A.
STREET ADDRESS	2030 MAIN ST
CITY - ST - ZIP	IRVINE CA
TITLE	VPCO
NAME	FOLKS, LAWRENCE S.
STREET ADDRESS	2030 MAIN ST.
CITY - ST - ZIP	IRVINE CA
TITLE	D
NAME	YAMANO, DONALD K.
STREET ADDRESS	2030 MAIN ST
CITY - ST - ZIP	IRVINE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	and CFO	☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	V.P. and Treasurer	☒ Change ☐ Addition
2.2 NAME	S. Bradford Rives	
2.3 STREET ADDRESS	220 West Main Street	
2.4 CITY - ST - ZIP	Louisville, KY 40202	
3.1 TITLE	[DELETE]	☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Assistant Secretary	☒ Change ☐ Addition
4.2 NAME	David G. Schwartz	
4.3 STREET ADDRESS	12500 Fair Lakes Circle	
4.4 CITY - ST - ZIP	Fairfax, VA 22033	
5.1 TITLE	V.P.	☒ Change ☐ Addition
5.2 NAME	Cecil D. Sterling	
5.3 STREET ADDRESS	2030 Main Street	
5.4 CITY - ST - ZIP	Irvine, CA 92714	
6.1 TITLE	and President	☐ Change ☒ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S. Bradford Rives 4-6-95 (502) 627-3990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
By: **S. Bradford Rives, V.P. & Treasurer**