

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

**APPROVED
AND
FILED**

95 APR 24 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P30528** (4)
1. Corporation Name
LG&E POWER DEVELOPMENT INC.

Principal Place of Business Mailing Address
**220 WEST MAIN STREET
P.O. BOX 32030
LOUISVILLE KY 40232**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/14/1990	03/30/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		33-0204484	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing	
24	25	29	30	Trust Fund Contribution <input type="checkbox"/>	
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	and CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASEY, EDWARD J. JR.	1.2 NAME	
STREET ADDRESS	220 W. MAIN ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	V.P. and Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLKS, LAWRENCE S.	2.2 NAME	S. Bradford Rives
STREET ADDRESS	2030 MAIN ST.	2.3 STREET ADDRESS	220 W. Main Street
CITY - ST - ZIP	IRVINE CA	2.4 CITY - ST - ZIP	Louisville, KY 40202
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINNS, MICHAEL L.	3.2 NAME	
STREET ADDRESS	12500 FAIR LAKES CIR., STE 260	3.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRFAX VA	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZULANDI, ROBERT M.	4.2 NAME	David G. Schwartz
STREET ADDRESS	2030 MAIN ST.	4.3 STREET ADDRESS	12500 Fair Lakes Circle
CITY - ST - ZIP	IRVINE CA	4.4 CITY - ST - ZIP	Fairfax, VA 22033
TITLE	SVP	5.1 TITLE	Senior V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHCRAFT, JAMES S.	5.2 NAME	Robert M. Zulandi
STREET ADDRESS	2030 MAIN ST.	5.3 STREET ADDRESS	12500 Fair Lakes Circle
CITY - ST - ZIP	IRVINE CA	5.4 CITY - ST - ZIP	Fairfax, VA 22033
TITLE	VPC	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DABBENE, ANTHONY C	6.2 NAME	[DELETE]
STREET ADDRESS	2030 MAIN ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	IRVINE CA	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
By: **S. Bradford Rives, V.P. & Treasurer**