2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2014
Secretary of State
CC8687541240

DOCUMENT# L06000044342

Entity Name: CNU BLUE 2, LLC

Current Principal Place of Business:

500 W. MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

P.O. BOX 740026
TAX DEPARTMENT
LOUISVILLE, KY 40201-7426 US

FEI Number: 20-5440995

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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

Authorized Person(s) Detail :

Title	MANAGER
Name	BROUSSARD, BRUCE D.
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	CEO
Name	DEMARQUETTE, KENT
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VP
Name	BAUERNFEIND, GEORGE G.
Address	500 W MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	ASST. SECRETARY
Name	VENTURA, JOSEPH C.
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	MANAGER
Name	MURRAY, JAMES E.
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	SENIOR VP
Name	LECLAIRE, BRIAN P.
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VP AND CORPORATE SECRETARY
Name	LENAHAN, JOAN O.
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VP
Name	LAMBERT, CHARLES F. III
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

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I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE BAUERNFEIND VICE PRESIDENT 03/05/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	VP
Name	WILSON, RALPH M.
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	INTERIM CFO
Name	MCCULLEY, STEVEN
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	MANAGER
Name	BEVERIDGE, ROY
Address	500 W MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202