## 2019 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M06000006401

Entity Name: MCCI GROUP HOLDINGS, LLC

**Current Principal Place of Business:** 

500 WEST MAIN STREET LOUISVILLE, KY 40202

**Current Mailing Address:** 

PO BOX 740026

LOUISVILLE, KY 40201-7426 US

FEI Number: 20-5904436 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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: SHERIE HINTON 06/13/2019

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail :

Title MANAGER Title CHIEF FINANCIAL OFFICER /

MANAGER

Name BROUSSARD, BRUCE DALE Name KANE, BRIAN ANDREW

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT / DEPUTY

GENERAL COUNSEL / CORPORATE Title VICE PRESIDENT / TREASURER

SECRETARY Name BAILEY, ALAN JAMES

Name NEWMAN, CHRISTOPHER BROOKS Address 500 WEST MAIN STREET

Address 500 WEST MAIN STREET City-State-Zip: LOUISVILLE KY 40202

City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - FINANCE Name KUHN, JENNIFER Address 500 WEST MAIN STREET

Address 500 WEST MAIN STREET

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT AND MANAGER

Title VICE PRESIDENT Name BUCKINGHAM, RENEE JACQUELINE

NameWILSON, RALPH MARTINAddress500 WEST MAIN STREETAddress500 WEST MAIN STREETCity-State-Zip:LOUISVILLE KY 40202

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: CHRISTOPHER BROOKS NEWMAN SVP, DEPUTY GENERAL 06/13/2019

COUNSEL AND CORPORATE SECRETARY

GENERAL 00/10/2010

**FILED** 

Jun 13, 2019

Secretary of State 7533066158CC

## **Authorized Person(s) Detail Continued:**

Title VP

Name EDWARDS , DOUGLAS ALLEN

Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202