

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000010459

**Entity Name:** CDO 2, LLC

**Current Principal Place of Business:**

500 W MAIN ST  
LOUISVILLE, KY 40202

**Current Mailing Address:**

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

**FEI Number:** 32-0545504

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	DIRECTOR, VICE PRESIDENT, ASSOCIATE GENERAL COUNSEL AND CORPORATE SECRETARY
Name	RUSCHELL, JOSEPH M
Address	500 W MAIN ST
City-State-Zip:	LOUISVILLE KY 40202

Title	VICE PRESIDENT AND TREASURER
Name	BAILEY, ALAN J
Address	500 W MAIN ST
City-State-Zip:	LOUISVILLE KY 40202

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

Title	MANAGER, PRESIDENT
Name	BUCKINGHAM, RENEE J
Address	500 W MAIN ST
City-State-Zip:	LOUISVILLE KY 40202

Title	SENIOR VICE PRESIDENT, TAX
Name	ROBINSON, D HANK
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	ASSOCIATE VICE PRESIDENT, DIVISION FINANCE
Name	JUDD, PATRICK N
Address	500 W MAIN ST
City-State-Zip:	LOUISVILLE KY 40202

*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:** D HANK ROBINSON

**SENIOR VICE  
PRESIDENT, TAX**

**04/15/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date