

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000010459

**Entity Name:** CDO 2, LLC

**Current Principal Place of Business:**

C/O LAW DEPT  
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 ASSOCIATE VICE PRESIDENT,  
ASSISTANT GENERAL COUNSEL AND  
CORPORATE SECRETARY

Name RUSCHELL, JOSEPH M

Address 500 W MAIN ST

City-State-Zip: LOUISVILLE KY 40202

Title MGR

Name BROUSSARD, BRUCE D

Address 500 W MAIN ST

City-State-Zip: LOUISVILLE KY 40202

Title MANAGER

Name KANE, BRIAN A

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, 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

*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 04/16/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date