

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000005228

Entity Name: THORNTON TRANSPORTATION INC.**Current Principal Place of Business:**2600 JAMES THORNTON WAY
LOUISVILLE, KY 40245**Current Mailing Address:**2600 JAMES THORNTON WAY
LOUISVILLE, KY 40245 US**FEI Number:** 61-0962756**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**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR
Name THORNTON, JAMES H
Address 2600 JAMES THORNTON WAY
City-State-Zip: LOUISVILLE KY 40245

Title CEO/PRESIDENT/DIRECTOR
Name THORNTON, MATTHEW A
Address 2600 JAMES THORNTON WAY
City-State-Zip: LOUISVILLE KY 40245

Title DIRECTOR
Name STACKHOUSE, BRENDA M
Address 2600 JAMES THORNTON WAY
City-State-Zip: LOUISVILLE KY 40245

Title SECRETARY
Name JELSMA, FRANKLIN
Address 500 WEST JEFFERSON STREET STE 2800
City-State-Zip: LOUISVILLE KY 40202-2898

Title ASST. SECRETARY
Name GIBSON, SHELLY S
Address 2600 JAMES THORNTON WAY
City-State-Zip: LOUISVILLE KY 40245

Title DIRECTOR
Name IEZZI, ROBERT A
Address 2600 JAMES THORNTON WAY
City-State-Zip: LOUISVILLE KY 40245

Title DIRECTOR
Name RATLIFF, SUZANNE T
Address 2600 JAMES THORNTON WAY
City-State-Zip: LOUISVILLE KY 40245

Title CFO
Name KAMER, CHRISTOPHER R
Address 2600 JAMES THORNTON WAY
City-State-Zip: LOUISVILLE KY 40245

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHELLY S. GIBSON**ASST SECRETARY****04/27/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date