

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002601

Entity Name: ASHLAND OIL, INC.

FILED  
Jan 08, 2007  
Secretary of State

## Current Principal Place of Business:

50 E RIVERCENTER BLVD  
P O BOX 391  
COVINGTON, KY 410120391 US

## New Principal Place of Business:

50 E RIVERCENTER BLVD  
COVINGTON, KY 410120391 US

## Current Mailing Address:

P.O. BOX 14000  
LEXINGTON, KY 40512

## New Mailing Address:

3499 BLAZER PKWY  
LEXINGTON, KY 40509

FEI Number: 61-1260511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DAS ( ) Delete  
Name: FOSS, LINDA L  
Address: 500 DEIDERICH BLVD  
City-St-Zip: RUSSELL, KY 41169

Title: DS ( ) Delete  
Name: GABBARD, TERESA F  
Address: 500 DEIDERICH BLVD  
City-St-Zip: RUSSELL, KY 41169

Title: DVP ( ) Delete  
Name: SUVER, JAMI K  
Address: 500 DEIDERICH BLVD  
City-St-Zip: RUSSELL, KY 41169

Title: T ( ) Delete  
Name: BROCE, JOSEPH R  
Address: 500 DEIDERICH BLVD  
City-St-Zip: RUSSELL, KY 41169

Title: VPF ( ) Delete  
Name: PORTER, DARAGH L  
Address: 50 E RIVERCENTER BLVD.  
City-St-Zip: COVINGTON, KY 41012

Title: AT ( ) Delete  
Name: COLVIN, JEROME M  
Address: 3499 BLAZER PARKWAY  
City-St-Zip: LEXINGTON, KY 40509

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEROME M COLVIN

AT/S

01/08/2007

Electronic Signature of Signing Officer or Director

Date