

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000002601

Entity Name: ASHLAND OIL, INC.

**Current Principal Place of Business:**

50 E RIVERCENTER BLVD  
COVINGTON, KY 41012

**Current Mailing Address:**

2424 HARRODSBURG ROAD  
ATTN: STATE TAX DEPT  
LEXINGTON, KY 40503 US

FEI Number: 61-1260511

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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           PRESIDENT & DIRECTOR  
Name           SPALDING, STEVEN L  
Address        50 E RIVERCENTER BLVD  
City-State-Zip: COVINGTON KY 41012-0391

Title           SECRETARY, VICE PRESIDENT &  
                  DIRECTOR  
Name           ROE, MICHAEL S  
Address        50 E. RIVERCENTER BLVD  
City-State-Zip: COVINGTON KY 41012

Title           DIRECTOR  
Name           HENKEL, JENNIFER I  
Address        50 E RIVERCENTER BLVD  
City-State-Zip: COVINGTON KY 41012

Title           VICE PRESIDENT-TAX  
Name           GREGG, SCOTT A  
Address        50 E. RIVERCENTER BLVD.  
City-State-Zip: COVINGTON KY 41012

Title           VICE PRESIDENT-FINANCE  
Name           BONI, ERIC N  
Address        50 E RIVERCENTER BLVD  
City-State-Zip: COVINGTON KY 41012

Title           ASST. SECRETARY, VP, TREASURER  
Name           SPENCE, MATHEW K  
Address        50 E. RIVERCENTER BLVD.  
City-State-Zip: COVINGTON KY 41012

Title           ASST. TREASURER  
Name           WHITAKER, WILLIAM C  
Address        50 E. RIVERCENTER BLVD.  
City-State-Zip: COVINGTON KY 41012

Title           ASST. SECRETARY, ASST.  
                  TREASURER  
Name           KACZALA, TIMOTHY J  
Address        50 E. RIVERCENTER BLVD  
City-State-Zip: COVINGTON, KY 41012

*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: TIMOTHY J KACZALA

ASST SECRETARY TAX

03/27/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date