

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90046 048 ***150.00

DOCUMENT # F94000002601

1. Entity Name

ASHLAND OIL, INC.

Principal Place of Business

Mailing Address

50 E RIVERCENTER BLVD
 P O BOX 391
 COVINGTON KY 41012-0391
 US

P.O. BOX 14000
 LEXINGTON KY 40512-4000

814886



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

61-1260511

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 660 EAST JEFFERSON STREET
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------------|--|
| TITLE | DAS | <input type="checkbox"/> Delete |
| NAME | FOSS, LINDA L | |
| STREET ADDRESS | 1000 ASHLAND DR | |
| CITY-ST-ZIP | RUSSELL KY 41169 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | GABBARD, TERESA F | |
| STREET ADDRESS | 1000 ASHLAND DR | |
| CITY-ST-ZIP | RUSSELL KY 41169 | |
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | HAUSRATH, DAVID L | |
| STREET ADDRESS | 50 E. RIVERCENTER BLVD. P. O. BOX 391 | |
| CITY-ST-ZIP | COVINGTON KY 41012-0391 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BROCE, JOSEPH R | |
| STREET ADDRESS | 1000 ASHLAND DR | |
| CITY-ST-ZIP | RUSSELL KY 41169 | |
| TITLE | VPF | <input type="checkbox"/> Delete |
| NAME | HUFFMAN, DANIEL B | |
| STREET ADDRESS | 1000 ASHLAND DR | |
| CITY-ST-ZIP | RUSSELL KY 41169 | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | JONES, RICHARD A | |
| STREET ADDRESS | 3499 DABNEY DRIVE | |
| CITY-ST-ZIP | LEXINGTON KY 40509 | |

| | | |
|----------------|---------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 500 Deiderich Blvd. | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 500 Deiderich Blvd. | |
| CITY-ST-ZIP | | |
| TITLE | DVP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Wales, T. Cody | |
| STREET ADDRESS | 500 Deiderich Blvd. | |
| CITY-ST-ZIP | Russell KY 41169 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 500 Deiderich Blvd. | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard A Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-2000

Date

(606) 357-7484

Daytime Phone #

CR2F034 (9/99)