

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**  
 03-05-2002 90098 026 \*\*\*150.00

0823505 AT

**DOCUMENT # F94000002601**

1. Entity Name  
**ASHLAND OIL, INC.**

Principal Place of Business      Mailing Address

**50 E RIVERCENTER BLVD**      **P.O. BOX 14000**  
**P O BOX 391**      **LEXINGTON KY 40512**  
**COVINGTON KY 41012-0391**  
**US**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**61-1260511**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 2002 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	<b>DAS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSS, LINDA L</b>	NAME	
STREET ADDRESS	<b>500 DEIDERICH BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RUSSELL KY 41169</b>	CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GABBARD, TERESA F</b>	NAME	
STREET ADDRESS	<b>500 DEIDERICH BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RUSSELL KY 41169</b>	CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALES, CODY T</b>	NAME	
STREET ADDRESS	<b>500 DEIDERICH BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RUSSELL KY 41169</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROCE, JOSEPH R</b>	NAME	
STREET ADDRESS	<b>500 DEIDERICH BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RUSSELL KY 41169</b>	CITY-ST-ZIP	
TITLE	<b>VPF</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUFFMAN, DANIEL B</b>	NAME	
STREET ADDRESS	<b>500 DEIDERICH BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RUSSELL KY 41169</b>	CITY-ST-ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, RICHARD A</b>	NAME	
STREET ADDRESS	<b>3499 DABNEY DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEXINGTON KY 40509</b>	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* **REQUIRED**      Richard A Jones      2/14/02      (859) 357-7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)