

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY -1 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32333 (7)

1. Corporation Name
RANDMARK, INC.

Principal Place of Business Mailing Address

P.O. BOX 740026 P.O. BOX 740026
ATTN: TAX DEPT ATTN: TAX DEPT
LOUISVILLE KY 40201-7426 LOUISVILLE KY 40201-7426

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report

12/31/1990 04/29/1994

4. FEI Number Applied For

52-1157181 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature (Typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when mandating DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, WAYNE T.
STREET ADDRESS	500 WEST MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY 40202
TITLE	V
NAME	BAUERNFEIND, GEORGE G.
STREET ADDRESS	500 WEST MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY 40202
TITLE	VS
NAME	BOSMEYER, GLENN
STREET ADDRESS	500 WEST MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY 40202
TITLE	CFO
NAME	DRURY, W. ROGER
STREET ADDRESS	500 WEST MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY 40202
TITLE	SVP
NAME	CASH, W. LARRY
STREET ADDRESS	500 WEST MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY 40202
TITLE	SVP
NAME	COUGHLIN, KAREN A.
STREET ADDRESS	500 WEST MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY 40202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

800001470348
-05/02/95--01020--024
****200.00 ****200.00

5
JOAN O. KROGER
500 W MAIN ST
LOUISVILLE KY 40202

AS/11

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George Bauernfeind* **GEORGE BAUERNFEIND,** APR 27 1995 (602) 530-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP-TAX Date Division (Issue #)