SECRETARY OF STATE'S ANNUAL VERIFICATION REPORT

Due June 30 — (Corporations must file by this date to avoid bad standing status)

RECORD #:   514   DUE : June 30, 1990   FILING FEE : 15.00

(1) EXACT CORPORATE NAME AND PRINCIPAL OFFICE ADDRESS :

An additional $10 or $5 is required if you correct the information listed in block #(5) below. See*

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ACE DISTRIBUTORS, INC
P. O. BOX 340
SHEPHERDSVILLE, KY. 40165-0340
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(3) STATE OF INCORPORATION :

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KENTUCKY
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(2) CORRECTED PRINCIPAL OFFICE ADDRESS :

(4) DATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY :

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04-08-68
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(5) REGISTERED AGENT AND REGISTERED ADDRESS :

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THOMAS JOHNSON
8906 PENNSYLVANIA RUN ROAD
LOUISVILLE, KENTUCKY   40228
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(5B) CORRECTED AGENT OR AGENT'S ADDRESS :

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9996 THIXTON LANE
LOUISVILLE, KY 40291
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AGENT MUST VERIFY ACCEPTANCE OF NEW APPOINTMENT BY SIGNATURE *(Stock corporation add $10 if changing block #(5). Non-stock corporations add $5 if changing block #(5). ANY CHANGE MADE TO THE AGENT OR AGENT'S ADDRESS AFTER THE ANNUAL REPORT FILING MUST BE MADE ON FORMS OBTAINED FROM THIS OFFICE.

I VERIFY THAT THE RECORDS OF THE SECRETARY OF STATE ARE TRUE AND CORRECT AND I AM AUTHORIZED TO SIGN THIS REPORT (ALL CORPORATIONS MUST SIGN ON AUTHORIZED SIGNATURE LINE)

AUTHORIZED SIGNATURE _Thomas Johnson_   TITLE _President_   PHONE _6-27-90_

I consent to serve as new registered agent for the corporation. Corporation's registered office is identical to my business address. (Newly appointed agent, please sign below.)

AGENT'S SIGNATURE _____

CAUTION READ CAREFULLY -- Make check payable to Kentucky State Treasurer   Mail both annual report form and check to BREMER EHRLER, SECRETARY OF STATE, P. O. BOX 1150, FRANKFORT, KY 40602-1150 (502 564-2848)

PLEASE TYPE OR PRINT (The annual report will not be accepted for filing if this section is not completed.) Annual reports must now also include the names and business address of the corporation's directors and principal officers. The lines below have been provided for this information. If necessary, please attach a continuation sheet.

THOMAS JOHNSON   _P O BOX 340 SHEPHERDSVILLE, KY 40165_

PROFESSIONAL SERVICE CORPORATIONS ONLY — KRS 274.105 Requires the names and addresses of all shareholders in addition to the directors and principal officers. (Authorized signature line below for PSC'S only)

Pursuant to KRS 274.105, I the undersigned, being President of the KRS Chapter 274 corporation, a professional service corporation, do hereby certify that all of the shareholders of the said corporation, not less than one half of the directors, and all officers other than secretary and treasurer, are duly qualified as provided in Chapter 274. (Please use the lines above or attach continuation sheet.)

AUTHORIZED SIGNATURE _____