

COMMONWEALTH OF KENTUCKY
BREMER EHRLER - SECRETARY OF STATE - (502) 564-2848
P. O. BOX 1150
FRANKFORT, KY 40602-1150

09/01/91

RECORD NO. 000514 STATE OF INCORPORATION: KENTUCKY
CORPORATE NAME: ACE DISTRIBUTORS, INC

FILING FEE: 15.00

ADDRESS OF REGISTERED AGENT & OFFICE

PRINCIPAL OFFICE ADDRESS:

THOMAS JOHNSON
9996 THIXTON LN.
LOUISVILLE, KY. 40291-3349

P. O. BOX 340
SHEPHERDSVILLE, KY. 40165

N O T I C E

A REVIEW OF OUR RECORDS INDICATES THAT THE ABOVE NAMED CORPORATION IS PAST DUE IN FILING THE 1991 ANNUAL VERIFICATION REPORT. IN ORDER TO AVOID ADMINISTRATIVE DISSOLUTION OR REVOCATION OF CERTIFICATE OF AUTHORITY, THE ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE WITHIN SIXTY (60) DAYS FROM THE DATE OF THIS NOTICE. (ON OR BEFORE 4:30 P.M., 10/31/91)

THE CORPORATION MAY COMPLETE THIS NOTICE AND RETURN TO THE ABOVE ADDRESS, ALONG WITH THE REQUIRED FILING FEE. ADDRESS CORRECTION REQUESTED TO THE PRINCIPAL OFFICE ADDRESS. A FORM WILL BE MAILED UPON REQUEST IF A CHANGE TO THE REGISTERED AGENT OR REGISTERED OFFICE ADDRESS HAS OCCURRED.

PLEASE TYPE OR PRINT - THE NAMES AND BUSINESS ADDRESS OF THE CORPORATIONS DIRECTORS AND PRINCIPAL OFFICERS. ATTACH A CONTINUATION SHEET IF NECESSARY. IF YOU ARE THE ONLY OFFICER, DENOTE SOLE OFFICER BY YOUR NAME AND ADDRESS.

PRESIDENT _____
VICE PRES. _____
SECRETARY _____
TREASURER _____
OTHER _____

(PROFESSIONAL SERVICE CORPORATIONS - IN ADDITION TO THE DIRECTORS & PRINCIPAL OFFICERS, YOU MUST ALSO LIST THE NAMES & ADDRESSES OF ALL THE SHAREHOLDERS)

I VERIFY THAT THE INFORMATION CONTAINED IN THE ANNUAL REPORT IS CURRENT AND THAT I AM AUTHORIZED TO SIGN THIS REPORT ON BEHALF OF THE CORPORATION.

SIGNATURE _____ TITLE _____ DATE _____ TELEPHONE _____

PURSUANT TO KRS 274.105, I THE UNDERSIGNED BEING PRESIDENT OF SAID PROFESSIONAL SERVICE CORPORATION, DO HEREBY CERTIFY THAT ALL OF THE SHAREHOLDERS OF SAID CORPORATION, NOT LESS THAN ONE HALF OF THE DIRECTORS, AND ALL OFFICERS OTHER THAN SECRETARY & TREASURER, ARE DULY QUALIFIED UNDER CHAPTER 274.

PRESIDENTS SIGNATURE _____