

1.) CORPORATION NAME:

DUE DATE: **5/31/2014**

Ashland Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1627456**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000,000
PREFER	30,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

KY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 50 E RIVERCENTER BLVD
PO BOX 391

CITY/ST/ZIP: COVINGTON, KY 41012-0391

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES J OBRIEN	
TITLE:	PRESIDENT	
ADDRESS:	50 E RIVERCENTER BLVD	
CITY/ST/ZIP/CO:	COVINGTON, KY 41012-0391	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ERIC N BONI	
TITLE:	VP & TREASURER	
ADDRESS:	50 E RIVERCENTER BLVD	
CITY/ST/ZIP/CO:	COVINGTON, KY 41012	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SUSAN B ESLER	
TITLE:	VICE PRESIDENT	
ADDRESS:	50 E RIVERCENTER BLVD	
CITY/ST/ZIP/CO:	COVINGTON, KY 41012	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PETER J GANZ	
TITLE:	SENIOR VP	
ADDRESS:	50 E RIVERCENTER BLVD	
CITY/ST/ZIP/CO:	COVINGTON, KY 41012	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN P GOSWELL	
TITLE:	VICE PRESIDENT	
ADDRESS:	1361 ALPS ROAD	
CITY/ST/ZIP/CO:	WAYNE, NJ 07470	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SCOTT A GREGG	
TITLE:	VICE PRESIDENT	
ADDRESS:	50 E RIVERCENTER BLVD	
CITY/ST/ZIP/CO:	COVINGTON, KY 41012	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THEODORE L HARRIS SENIOR VP 5200 BLAZER PARKWAY DUBLIN, OH 43017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W JOY VICE PRESIDENT 50 E RIVERCENTER BLVD COVINGTON, KY 41012	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMUEL J MITCHELL JR. VICE PRESIDENT 3499 BLAZER PARKWAY LEXINGTON, KY 40509	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN E PANICHELLA VICE PRESIDENT 8145 BLAZER DRIVE WILMINGTON, DE 19808	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN E POST VICE PRESIDENT 1361 ALPS ROAD WAYNE, NJ 07470	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER H SOLOMON VICE PRESIDENT 3499 BLAZER PARKWAY LEXINGTON, KY 40509	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J KEVIN WILLIS VP - FINANCE 50 E RIVERCENTER BLVD COVINGTON, KY 41012-0391	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN L EVANS ASST TREASURER 3499 BLAZER PKWY LEXINGTON, KY 40509	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYNN P FREEMAN ASST TREASURER 50 E RIVERCENTER BLVD COVINGTON, KY 41012	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN L EVANS ASST SECRETARY 3499 BLAZER PARKWAY LEXINGTON, KY 40509	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDERICK M GREENWOOD III ASST SECRETARY 50 E RIVERCENTER BLVD COVINGTON, KY 41012	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY S KAVANAUGH ASST SECRETARY 8145 BLAZER DRIVE WILMINGTON, DE 19808	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN L SPALDING ASST SECRETARY 3499 BLAZER PARKWAY LEXINGTON, KY 40509	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK A STACH ASST SECRETARY 5200 BLAZER PARKWAY DUBLIN, OH 43017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER W HALE DIRECTOR 218 MOCKINGBIRD GARDENS DRIVE LOUISVILLE, KY 40207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN A LIGOCKI DIRECTOR NEXT AUTOWORKS COMPANY 961 S 16TH STREET SAN DIEGO, CA 92113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VADA O MANAGER DIRECTOR APCO WORLDWIDE 700 12TH ST NW SUITE 800 WASHINGTON, DC 20005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY W PERRY DIRECTOR 25 WEATHERFIELD DRIVE NEWTON, PA 18940	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK C ROHR DIRECTOR ALBEMARLE CORPORATION 451 FLORIDA STREET BATON ROUGE, LA 70801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE A SCHAEFER JR. DIRECTOR 851 DELAWARE RIDGE LANE CINCINNATI, OH 45226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN F TURNER DIRECTOR TRIANGLE X RANCH 10200 LARKSPUR LANE MOOSE, WY 83012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	MICHAEL J WARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CSX CORPORATION		
CITY/ST/ZIP/CO:	500 WATER STREET C-900 JACKSONVILLE, FL 32202		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ KAREN L EVANS</u>	<u>KAREN L EVANS, ASST</u>	<u>5/13/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.