2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P15043 Apr 21, 2000 8:00 am Secretary of State LBCE HOLDINGS, INC. 04-21-2000 90053 009 ***150.00 Principal Place of Business Mailing Address 2651 PALUMBO DRIVE 2651 PALUMBO DRIVE P. O. BOX 13600 P. O. BOX 13600 LEXINGTON KY 40583 **LEXINGTON KY 40583-3600** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 61-1099661 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE MARTZ, CHARLES NAME NAME STREET ADDRESS 4108 CIMARRON COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEXINGTON KY 40513 Change Addition TITLE ☐ Delete TITLE JACKSON, D. A. NAME NAME STREET ADDRESS 2145 FORT HARRODS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LEXINGTON TN 40513** ☐ Change ■ Addition ☐ Delete TITLE TITLE QUINN, DANIEL G NAME NAME 1149 CHETFORD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LEXINGTON KY 40509** CITY-ST-ZIP Vice President & CFO Addition **⊠** Delete TITLE TITLE SAITO, KEIJI NAME NAME Emmet Creek Lane 4304 PALMETTO COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LEXINGTON KY 40513** ☐ Addition ☐ Change TITLE ☐ Delete TITLE CLAFLIN, JOHN NAME NAME 2125 WOOD BRIDGE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LEXINGTON KY 40515** CD ☐ Change **Addition** Delete TITEE TITLE Hiroyasu Taniguchi 5-9-11 Kitashinagawa, HIJIKATA, TATSUO NAME NAME 3-5-3 TATSUMI, KOYO-KU STREET ADDRESS STREET ADDRESS

Tayo 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.

CITY-ST-ZIP

TOKOYO, 135 0053, JAPAN

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2060W 1H1-8P8P