2004 ~~FOR~~ PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P15043

1. Entity Name
LBCE HOLDINGS, INC.

Principal Place of Business	Mailing Address
2651 PALUMBO DRIVE P. O. BOX 13600 LEXINGTON, KY 40583	2651 PALUMBO DRIVE P. O. BOX 13600 LEXINGTON, KY 40583

DO NOT WRITE IN THIS SPACE

04082004 No Chg-P CR2E034 (10/03)

4. FEI Number
61-1099661
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTZ, CHARLES
STREET ADDRESS	4108 CIMARRON COURT
CITY-ST-ZIP	LEXINGTON, KY 40513
TITLE	S
NAME	PORTER, MELVIN F
STREET ADDRESS	4682 LAURELWOOD DRIVE
CITY-ST-ZIP	LEXINGTON, KY 40515
TITLE	VP
NAME	WHITE, BRUCE
STREET ADDRESS	3785 WEBER WAY
CITY-ST-ZIP	LEXINGTON, KY 40514
TITLE	VCFO
NAME	POSH, TOM
STREET ADDRESS	745 EMMETT CREEK LN
CITY-ST-ZIP	LEXINGTON, KY 40513
TITLE	V
NAME	CLAFLIN, JOHN
STREET ADDRESS	2125 WOOD BRIDGE WAY
CITY-ST-ZIP	LEXINGTON, KY 40515
TITLE	CD
NAME	FUJITA, EIICHI
STREET ADDRESS	5-9-11 KITASHINAGAWA, SHINEGAWA-KU
CITY-ST-ZIP	TOKYO, JAPAN 141-8686,

U00000120192
04/19/04-80123-013 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melvin Porter Melvin Porter 4/8/04 (859) 263-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #