2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P15043

Entity Name: LBCE HOLDINGS, INC.

Current Principal Place of Business:

2651 PALUMBO DRIVE
P. O. BOX 13600
LEXINGTON, KY 40583

New Principal Place of Business:

Current Mailing Address:

2651 PALUMBO DRIVE
P. O. BOX 13600
LEXINGTON, KY 40583

New Mailing Address:

FEI Number: 61-1099661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARTZ, CHARLES
Address: 4108 CIMARRON COURT
City-St-Zip: LEXINGTON, KY 40513

Title: VCFO ( ) Delete
Name: PORTER, MELVIN F
Address: 4682 LAURELWOOD DRIVE
City-St-Zip: LEXINGTON, KY 40515

Title: VP ( ) Delete
Name: WHITE, BRUCE
Address: 3785 WEBER WAY
City-St-Zip: LEXINGTON, KY 40514

Title: S ( ) Delete
Name: KREYENBUHL, MARK L
Address: 901 CHERRYWOOD DRIVE
City-St-Zip: LEXINGTON, KY 40515

Title: CD ( ) Delete
Name: FUJITA, EIICHI
Address: 5-9-11 KITASHINAGAWA, SHINEGAWA-KU
City-St-Zip: TOKYO, JAPAN 141-8686,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVIN PORTER VP 05/01/2009

Electronic Signature of Signing Officer or Director Date