2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000010322

Entity Name: AIB INTERNATIONAL CERTIFICATION SERVICES, INC.

Current Principal Place of Business:

1213 BAKERS WAY MANHATTAN, KS 66502

Current Mailing Address:

1213 BAKERS WAY MANHATTAN, KS 66502 US

FEI Number: 46-4393081

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US Certificate of Status Desired: No

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

Authorized Person(s) Detail :

	Title	DIRECTOR, CHAIRMAN	Title	DIRECTOR, AUTHORIZED MEMBER
	Name	CARR, TAMEKA	Name	BRADLEY , MICHELE
	Address	1213 BAKERS WAY	Address	1213 BAKERS WAY
	City-State-Zip:	MANHATTAN KS 66502	City-State-Zip:	MANHATTAN KS 66502
	Title Name Address City-State-Zip:	DIRECTOR, VC BALDWIN, DANIEL 1213 BAKERS WAY MANHATTAN KS 66502	Title Name Address City-State-Zip:	PRESIDENT, EX-OFFICIO CAPUCHINO, ALFONSO 1213 BAKERS WAY MANHATTAN KS 66502
	Title Name Address City-State-Zip:	SECRETARY, TREASURER, EX- OFFICIO PARISH, ANTHONY 1213 BAKERS WAY MANHATTAN KS 66502	Title Name Address City-State-Zip:	DIRECTOR BECK, CHRISTOPHER 1213 BAKERS WAY MANHATTAN KS 66502
	Title Name Address City-State-Zip:	DIRECTOR HAMILTON, LAEL W. 1213 BAKERS WAY MANHATTAN KS 66502	Title Name Address City-State-Zip:	DIRECTOR LEQUIER, TRISH 1213 BAKERS WAY MANHATTAN KS 66502

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY PARISH

SECRETARY

04/18/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date