

**2023 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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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

**Authorized Person(s) Detail :**

Title DIRECTOR  
Name CARR, TAMEKA  
Address 1014 VINE ST  
City-State-Zip: CINCINNATI OH 45202

Title PRESIDENT  
Name CAPUCHINO, ALFONSO  
Address 1213 BAKERS WAY  
City-State-Zip: MANHATTAN KS 66502

Title DIRECTOR  
Name BECK, CHRISTOPHER  
Address 2020 BALTIMORE AVE  
City-State-Zip: KANSAS CITY MO 64108

Title DIRECTOR  
Name LEQUIER, TRISH  
Address LOBLAW COMPANIES LTD  
City-State-Zip: CALGARY AB

Title DIRECTOR, CHAIRMAN  
Name BALDWIN, DANIEL  
Address 2824 E. COLT RD.  
City-State-Zip: TOMBSTONE AZ 85638

Title SECRETARY, TREASURER  
Name PARISH, ANTHONY  
Address 1213 BAKERS WAY  
City-State-Zip: MANHATTAN KS 66502

Title DIRECTOR  
Name HAMILTON, LAEL W.  
Address 1014 VINE ST  
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR  
Name TABATA, CHRISTINA  
Address PO BOX 943  
City-State-Zip: CARLSBAD CA 92018

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*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 &  
TREASURER****04/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title                DIRECTOR, VC  
Name                SHAPOS, DEBORAH  
Address             1213 BAKERS WAY  
City-State-Zip:    MANHATTAN KS 66502

Title                DIRECTOR  
Name                THOME, STEPHEN  
Address             1213 BAKERS WAY  
City-State-Zip:    MANHATTAN KS 66502