

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001958

Entity Name: TBC SHARED SERVICES, INC.**Current Principal Place of Business:**4280 PROFESSIONAL CENTER DRIVE
SUITE 400
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**4280 PROFESSIONAL CENTER DRIVE
SUITE 400
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 65-0374628**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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**Officer/Director Detail :**

Title	CEO, DIRECTOR
Name	OLSEN, ERIK R
Address	4300 TBC WAY
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	CFO
Name	MILLER, TIMOTHY J
Address	4300 TBC WAY
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SECRETARY
Name	MACIAK, BRIAN
Address	4300 TBC WAY
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	UENO, TADAYUKI
Address	4280 PROFESSIONAL CENTER DRIVE SUITE 400
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	WADA, TOMONORI
Address	4280 PROFESSIONAL CENTER DRIVE SUITE 400
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	TOMISHIMA, HIROSHI
Address	4280 PROFESSIONAL CENTER DRIVE SUITE 400
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	NAKAYA, KAZUICHI
Address	4280 PROFESSIONAL CENTER DRIVE SUITE 400
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	NAMBU, TOSHIKAZU
Address	4280 PROFESSIONAL CENTER DRIVE SUITE 400
City-State-Zip:	PALM BEACH GARDENS FL 33410

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 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 all other like empowered.

SIGNATURE: BRIAN MACIAK**SECRETARY****04/11/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date