

**2017 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F09000001958

**Entity Name:** TBC SHARED SERVICES, INC.

**FILED**  
**Sep 21, 2017**  
**Secretary of State**  
**CC4683331554**

**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 SENIOR VP  
Name BENKO, KYLE  
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

**Continues on page 2**

*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

**SECR**

**09/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            MACIAK, BRIAN  
Address        4280 PROFESSIONAL CENTER DRIVE  
                 SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33410