

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002225

Entity Name: FLAXMAN HOLDINGS LIMITED INC.

Current Principal Place of Business:

6100 MT. HOREB PIKE
LEXINGTON, KY 40511

Current Mailing Address:

6100 MT. HOREB PIKE
LEXINGTON, KY 40511

FEI Number: 61-0995093

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR, PRESIDENT
Name KLEMM, CHRISTOPH
Address 6100 MT. HOREB PIKE
City-State-Zip: LEXINGTON KY 40511

Title DIRECTOR, VP
Name KOBLER, LYSIANNE
Address 6100 MT. HOREB PIKE
City-State-Zip: LEXINGTON KY 40511

Title DIRECTOR, SECRETARY
Name HIGHMAN, RAYMOND
Address 6100 MT. HOREB PIKE
City-State-Zip: LEXINGTON KY 40511

Title TREASURER
Name FEIBEL, LAURENCE
Address 6100 MT. HOREB PIKE
City-State-Zip: LEXINGTON KY 40511

Title DIRECTOR
Name COOPER, ALAN
Address 6100 MT. HOREB PIKE
City-State-Zip: LEXINGTON KY 40511

Title ASST. SECRETARY
Name HOPKINS, CHAPMAN
Address STOLL KEENON OGDEN PLLC
300 WEST VINE STREET, SUITE 2100
City-State-Zip: LEXINGTON KY 40507

Title ASSISTANT TREASURER
Name ANDERSON, KEVIN
Address 6100 MT. HOREB PIKE
City-State-Zip: LEXINGTON KY 40511

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: CHAPMAN HOPKINS

ASSISTANT SECRETARY 04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date