

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002225

**FILED**  
**Jan 22, 2015**  
**Secretary of State**  
**CC3310848221**

**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           DIRECTOR, 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           ARVIN, SHANNON  
Address        STOLL KEENON OGDEN PLLC  
                  300 WEST VINE STREET, SUITE 2100  
City-State-Zip: LEXINGTON KY 40507

*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:** SHANNON B. ARVIN

**ASST SECRETARY**

**01/22/2015**

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

\_\_\_\_\_  
Date