2017 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F11000002225

Entity Name: FLAXMAN HOLDINGS LIMITED INC.

FILED
Jul 17, 2017
Secretary of State
CC1814210924

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

Title DIRECTOR, SECRETARY Title TREASURER

NameHIGHMAN, RAYMONDNameFEIBEL, LAURENCEAddress6100 MT. HOREB PIKEAddress6100 MT. HOREB PIKECity-State-Zip:LEXINGTON KY 40511City-State-Zip: LEXINGTON KY 40511

Title DIRECTOR Title ASST. SECRETARY
Name COOPER, ALAN Name ARVIN, SHANNON

Address 6100 MT. HOREB PIKE Address STOLL KEENON OGDEN PLLC

300 WEST VINE STREET, SUITE 2100 City-State-Zip: LEXINGTON KY 40511

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: SHANNON ARVIN ASSISTANT SECRETARY 07/17/2017