

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 01, 2016
Secretary of State
CC5820693056

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

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date