2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2025
Secretary of State
3545980407CC

DOCUMENT# P20727

Entity Name: LBYD, INC.

Current Principal Place of Business:

880 MONTCLAIR RD.
STE. 600
BIRMINGHAM, AL 35213

Current Mailing Address:

2800 SOLWAY RD
KNOXVILLE, TN 37931 US

FEI Number: 63-0752450

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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	PRESIDENT
Name	CHRISTOPHER, BRAD P
Address	880 MONTCLAIR RD. STE. 600
City-State-Zip:	BIRMINGHAM AL 35213

Title	TREASURER
Name	WEISS, JEFFREY D
Address	1425 HIGHAM ST
City-State-Zip:	IDAHO FALLS ID 83402

Title	ASSISTANT SECRETARY
Name	OLIVER, RHONDA
Address	1425 HIGHAM STREET
City-State-Zip:	IDAHO FALLS ID 83402

Title	DIRECTOR
Name	MITCHELL, DANIEL
Address	1425 HIGHAM ST
City-State-Zip:	IDAHO FALLS ID 83402

Title	SECRETARY
Name	VANEK, DEAN P
Address	2800 SOLWAY RD
City-State-Zip:	KNOXVILLE TN 37931

Title	ASSISTANT SECRETARY
Name	MESTIER, LOUIS
Address	1425 HIGHAM ST
City-State-Zip:	IDAHO FALLS ID 83402

Title	DIRECTOR
Name	IYER, SWAMI B
Address	1425 HIGHAM STREET
City-State-Zip:	IDAHO FALLS ID 83402

Title	DIRECTOR
Name	LUKIN, SARAH
Address	1425 HIGHAM STREET
City-State-Zip:	IDAHO FALLS ID 83402

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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: BRAD CHRISTOPHER PRESIDENT 02/10/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	OLIVER, RHONDA
Address	1425 HIGHAM ST
City-State-Zip:	IDAHO FALLS ID 83402