

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90048 049 ****61.25

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DOCUMENT # N21373 1. Entity Name CBMC INTERNATIONAL, INC.					
Principal Place of Business 3060 HARRODSBURG ROAD SUITE 203 LEXINGTON, KY 40503				Mailing Address 3060 HARRODSBURG ROAD SUITE 203 LEXINGTON, KY 40503	
2. Principal Place of Business 1065 N. 115th Street Suite, Apt. #, etc. 210		3. Mailing Address 1065 N. 115th Street Suite, Apt. #, etc. 210			
City & State Omaha, NE		City & State Omaha, NE		4. FEI Number 58-1744271	
Zip 68154		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STINZIANO, JOHN L 5551 RIDGEWOOD DRIVE STE. 555 NAPLES, FL 34108				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.					
TITLE D ☒ Delete NAME COSTA, ROBERT STREET ADDRESS 2 MYERS STREET CITY-ST-ZIP GEELONG, VIC 3220, AU			TITLE D ☐ Change ☒ Addition NAME Charles Miller STREET ADDRESS 1008 E. Jackson Blvd. CITY-ST-ZIP Elkhart, IN 46516		
TITLE T ☐ Delete NAME GARRISON, STEPHEN STREET ADDRESS 13421 MT. HOOD DRIVE CITY-ST-ZIP SANTA ANA, CA 92705			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE S ☐ Delete NAME HWANG, SAM STREET ADDRESS 1325 SPRUCE STREET CITY-ST-ZIP PHILADELPHIA, PA 19107			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE C ☐ Delete NAME MITCHELL, DON STREET ADDRESS 2756 LONG WINTER LANE CITY-ST-ZIP OAKLAND TOWNSHIP, MI 48636			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE D ☐ Delete NAME KNOBLAUCH, JOERG D STREET ADDRESS HAHNLESTRASSE 24 CITY-ST-ZIP 89537 GIENGEN, GE			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE P ☒ Delete NAME PHILPOT, TIM STREET ADDRESS 3060 HARRODSBURG ROAD CITY-ST-ZIP LEXINGTON, KY 40390			TITLE P ☐ Change ☒ Addition NAME Robert Milligan STREET ADDRESS 1065 N. 115th St, Suite 210 CITY-ST-ZIP Omaha, NE 68154		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Nicole A Brownell / Nicole Brownell</u> 3/19/04 (402) 431-0002 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Daytime Phone #					