

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
 03-02-2000 90099 022 ***150.00

DOCUMENT # P32190

1. Entity Name
LEXMARK INTERNATIONAL, INC.

Principal Place of Business Mailing Address
 NEW CIRCLE ROAD 740 NEW CIRCLE ROAD
 DEPT. 968L/001-1 DEPT. 968L/001-1
 LEXINGTON KY 40511 LEXINGTON KY 40511-1806

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **06-1308215** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---------------------------|--|---|---------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CURLANDER, PAUL J | | NAME | | |
| STREET ADDRESS | 740 NEW CIR RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEXINGTON KY 40550 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MORIN, GARY E | | NAME | | |
| STREET ADDRESS | 740 NEW CIR RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEX KY 40550 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | COLE, VINCENT J | | NAME | | |
| STREET ADDRESS | 740 NEW CIR RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEX KY 40550 | | CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CHIN, TERENCE P | | NAME | | |
| STREET ADDRESS | 740 NEW CIR RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEX KY 40550 | | CITY-ST-ZIP | | |
| TITLE | AT | <input type="checkbox"/> Delete | TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRAUN, KURT | | NAME | | |
| STREET ADDRESS | 740 NEW CIR RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEXINGTON KY 40550 | | CITY-ST-ZIP | | |
| TITLE | DT | <input type="checkbox"/> Delete | TITLE | DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FROST, BRUCE | | NAME | Bork, Daniel | |
| STREET ADDRESS | 740 NEW CIR RD | | STREET ADDRESS | 740 New Cir Rd | |
| CITY-ST-ZIP | LEX KY 40550 | | CITY-ST-ZIP | Lex KY 40550 | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Dan Bork** 2/22/2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)