## 2005 FOR FROFIT CORPORATION ANNUAL REPORT

## May 06, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P32190 1. Entity Name LEXMARK INTERNATIONAL, INC. Principal Place of Business Mailing Address 740 NEW CIRCLE ROAD 740 NEW CIRCLE ROAD DEPT. 968L/001-1 DEPT. 968L/001-1 LEXINGTON, KY 40511 LEXINGTON, KY 40511 No Chg-P CR2E034 (10/03) 02152005 DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 06-1308215 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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) U00000364415 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 05/06/05-80042-008 150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CURLANDER, PAUL J NAME 740 NEW CIR RD STREET ADDRESS CITY-ST-ZIP LEXINGTON, KY 40550 VP TITLE MORIN, GARY E MAME STREET ADDRESS 740 NEW CIR RD CITY-ST-ZIP LEX, KY 40550 TITLE COLE, VINCENT J NAME STREET ADDRESS 740 NEW CIR RD DO NOT WRITE CITY-ST-ZIP LEX, KY 40550 IN THIS SPACE TITLE PELINI, RICK NAME 740 NEW CIR RD STREET ADDRESS CITY-ST-ZIP LEXINGTON, KY 40550 TITLE BORK, DANIEL NAME STREET ADDRESS 740 NEW CIR RD CITY-ST-ZIP LEX, KY 40550 TITLE NAME STREET ADDRESS

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 cath, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

Daytime Phone \*

**FILED**