

**2017 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL  
REPORT**

DOCUMENT# M14000005525

**Entity Name:** SPEEDWAY LLC

**Current Principal Place of Business:**

500 SPEEDWAY DR  
ENON, OH 45323

**Current Mailing Address:**

500 SPEEDWAY DR  
ENON, OH 45323

**FEI Number:** 31-1551430

**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

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            KENNEY, A. R.  
Address        500 SPEEDWAY DR  
City-State-Zip: ENON OH 45323

Title            SENIOR VICE PRESIDENT  
Name            HEPPNER, D. R.  
Address        500 SPEEDWAY DR  
City-State-Zip: ENON OH 45323

Title            SENIOR VICE PRESIDENT  
Name            HUNTER, B. A.  
Address        500 SPEEDWAY DR  
City-State-Zip: ENON OH 45323

Title            SENIOR VICE PRESIDENT  
Name            PLUMBY, G. M.  
Address        500 SPEEDWAY DR  
City-State-Zip: ENON OH 45323

Title            VP  
Name            BALL, D. E.  
Address        500 SPEEDWAY DR  
City-State-Zip: ENON OH 45323

Title            VP  
Name            HURST, M K  
Address        500 SPEEDWAY DR  
City-State-Zip: ENON OH 45323

Title            VP  
Name            LEFEVERS, T.  
Address        500 SPEEDWAY DR  
City-State-Zip: ENON OH 45323

Title            VP  
Name            SOLOMON, S. K.  
Address        500 SPEEDWAY DR  
City-State-Zip: ENON OH 45323

**Continues on page 2**

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** C. S. WINEBAR

**ASSISTANT SECRETARY    05/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title GENERAL COUNSEL/SECRETARY  
Name BALL, D. E.  
Address 500 SPEEDWAY DR  
City-State-Zip: ENON OH 45323

Title ASSISTANT SECRETARY  
Name BUSEY, N. M.  
Address 539 SOUTH MAIN STREET  
City-State-Zip: FINDLAY OH 45840

Title ASSISTANT SECRETARY  
Name PFLEIDERER, S. T.  
Address 539 SOUTH MAIN STREET  
City-State-Zip: FINDLAY OH 45840

Title TREASURER  
Name EDMISTON, R. L.  
Address 500 SPEEDWAY DR  
City-State-Zip: ENON OH 45323

Title CONTROLLER  
Name HURST, M. K.  
Address 500 SPEEDWAY DR  
City-State-Zip: ENON OH 45323

Title ASST. TREASURER  
Name NIESE, K S  
Address 500 SPEEDWAY DR  
City-State-Zip: ENON OH 45323

Title VP  
Name COUCH, D  
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Title ASSISTANT SECRETARY  
Name SMOKTONOWICZ, K A  
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Title ASSISTANT TREASURER  
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Title VP  
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Title ASST. TREASURER  
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Title ASSISTANT TREASURER  
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Title ASSISTANT CONTROLLER  
Name VOLPP, A L  
Address 500 SPEEDWAY DRIVE  
City-State-Zip: ENON OH 45323