

No. C 151505	Due no later than Oct 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
	CITICORP CREDIT SERVICES, INC. (USA) TAX AND REPORTING PO BOX 30509 TAMPA FL 33631-3226 USA		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	ROBERT STRUB	4600 HOUSTON RD	FLORENCE	KY	USA	41042
PRESIDENT	ROBERT STRUB	4600 HOUSTON RD	FLORENCE	KY	USA	41042
SECRETARY	JEFFERY BOYHER	1000 TECHNOLOGY DR	O'FALLON	MO	USA	63368
DIRECTOR	MARVIN BALLIET	399 PARK AVENUE	NEW YORK	NY	USA	10022
TREASURER	DOUGLAS MORRISON	701 E 60TH STREET NORTH	SIOUX FALLS	SD	USA	57117
DIRECTOR	CINDY SILVERMAN	153 E 53RD ST	NEW YORK	NY	USA	10022
DIRECTOR	SAMMY SOOHOO	1 COURT SQUARE	LONG ISLAND CITY	NY	USA	11101
DIRECTOR	ROBERT BECK	399 PARK AVENUE	NEW YORK	FL	USA	10022
5. Organized Under the Laws of: DE C 151505		6. Annual Report must be signed.* Signature: JULIE SCHMIDT Name (type or print): JULIE SCHMIDT Date: 09/22/2016 Title: ASSISTANT TAX OFFICER				
Processed 09/22/2016		* Electronically provided signatures are accepted as original signatures.				