



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 137105		2. Exact name of the limited liability company LBX Company LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Sales and Marketing of Construction Equipment	
5. Principal office address 2333 Alumni Park Plaza		City Lexington	State KY
		Zip 40517	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Laura W. Downing		Contact Title Controller	
Street Address 2333 Alumni Park Plaza		City Lexington	State KY
		Zip 40517	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Robert G. Harvell, Pres. & CEO		Manager Name Michael W. Davis, Secretary	
Street Address 2333 Alumni Park Plaza		Street Address 2333 Alumni Park Plaza	
City Lexington	State KY	City Lexington	State KY
Zip 40517		Zip 40517	
Manager Name Thomas E. Roberts, VP & CFO		Manager Name	
Street Address 2333 Alumni Park Plaza		Street Address	
City Lexington	State KY	City	State
Zip 40517		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



137105

File Date	9/19/05
Check No.	39505
By:	A
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Laura W. Downing 9-8-05
Signature of Authorized Person Date
LAURA W. DOWNING
Print or Type Name of Authorized Person