



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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ASN

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 6/1/2022 7:45 AM
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ASN**Division of Business Filings**

P.O. Box 718,
 Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

Certificate of Assumed Name
(Domestic or Foreign Business Entity)

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: Lixil Water Technology Americas.
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

AS America, Inc.

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- | | |
|---|--|
| ☐ a Domestic General Partnership | ☐ a Foreign General Partnership |
| ☐ a Domestic Limited Liability Partnership | ☐ a Foreign Limited Liability Partnership |
| ☐ a Domestic Limited Partnership | ☐ a Foreign Limited Partnership |
| ☐ a Domestic Business Trust | ☐ a Foreign Business Trust |
| ☐ a Domestic Corporation | ☒ a Foreign Corporation |
| ☐ a Domestic Limited Liability Company | ☐ a Foreign Limited Liability Company |
| ☐ a Domestic Statutory Trust | ☐ a Foreign Statutory Trust |
| ☐ a Domestic Limited Cooperative Association | ☐ a Foreign Limited Cooperative Association |
| ☐ a Domestic Unincorporated Non-profit Association | ☐ a Foreign Unincorporated Non-profit Association |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The effective date is _____.

5. The business is organized and existing in the state or country of Delaware.

6. The mailing address is:

<u>30 Knightsbridge Road, Suite 301</u>	<u>Piscataway</u>	<u>NJ</u>	<u>08854</u>
Street Address or Post Office Box Numbers	City	State	Zip

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

DocuSigned by:

Bruce Proctor

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Authorized Party Signature**Bruce Proctor****Printed Name****Senior VP, Secretary, GC****Title****5/10/2022****Date**