

**NOTICE TO LEGISLATIVE
AUTHORITY**

OHIO DIVISION OF LIQUOR CONTROL
6606 TUSSING ROAD, P.O. BOX 4005
REYNOLDSBURG, OHIO 43068-9005
(614)644-2360 FAX(614)644-3166

TO

80036070055 <small>PERMIT NUMBER</small>		STCK <small>TYPE</small>	7 ELEVEN INC DBA 7 ELEVEN 36209 27 S MAIN ST HUDSON OHIO 44236	
ISSUE DATE				
09 03 2013				
FILING DATE				
C1 C2 <small>PERMIT CLASSES</small>				
77	077	C	F11488	
<small>TAX DISTRICT</small>		<small>RECEIPT NO.</small>		

FROM 02/18/2014

PERMIT NUMBER		TYPE
ISSUE DATE		
FILING DATE		
PERMIT CLASSES		
TAX DISTRICT	RECEIPT NO.	

HUDSON CITY CLERK
 2014 FEB 20 PM 12:37



MAILED 02/18/2014

RESPONSES MUST BE POSTMARKED NO LATER THAN. 03/21/2014

IMPORTANT NOTICE

PLEASE COMPLETE AND RETURN THIS FORM TO THE DIVISION OF LIQUOR CONTROL
WHETHER OR NOT THERE IS A REQUEST FOR A HEARING.
 REFER TO THIS NUMBER IN ALL INQUIRIES **C STCK 8003607-0055**

(TRANSACTION & NUMBER)

(MUST MARK ONE OF THE FOLLOWING)

WE REQUEST A HEARING ON THE ADVISABILITY OF ISSUING THE PERMIT AND REQUEST THAT
 THE HEARING BE HELD IN OUR COUNTY SEAT. IN COLUMBUS.

WE DO NOT REQUEST A HEARING.

DID YOU MARK A BOX? IF NOT, THIS WILL BE CONSIDERED A LATE RESPONSE.

PLEASE SIGN BELOW AND MARK THE APPROPRIATE BOX INDICATING YOUR TITLE:

(Signature)

(Title)- Clerk of County Commissioner

(Date)

Clerk of City Council

Township Fiscal Officer

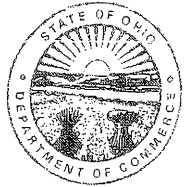
**CLERK OF HUDSON CITY COUNCIL
 ATTN: CLERK-FISCAL OFFICER
 115 EXECUTIVE PKWY
 SUITE 400
 HUDSON OHIO 44236**

FOR OFFICE USE ONLY

NEW TRANSFER REN

PERMIT # **8003607**

OHIO DEPARTMENT OF COMMERCE
DIVISION OF LIQUOR CONTROL
 6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005
 Telephone: (614) 644-2431 <http://www.com.ohio.gov/liqr>



OFFICER/ SHAREHOLDERS DISCLOSURE FORM

SECTION A. (This form must accompany all applications of a corporate business entity)

Name of Corporation	SEJ Asset Management & Investment Co	DBA Name	7-Eleven 36225
Permit Premises Address	8775 Darrow Rd.	City, State	Twinsburg, OH
		Zip Code	44087
Township, if in Unincorporated Area		Tax Identification No. (TIN)	99-0381645
Email Address:			

SECTION B.

1. Is stock publicly traded?
 If "YES", indicate exchange _____ & Do NOT complete SECTION D. YES NO

2. Does any stockholder own 5% or more shares? If YES, complete SECTION D. YES NO

3. Total Number of shares issued 104,177

Please be advised that any social security numbers provided to the Division of Liquor Control in this application may be released to the Ohio Department of Public Safety, the Ohio Department of Taxation, the Ohio Attorney General, or to any other state or local law enforcement agency if the agency requests the social security number to conduct an investigation, implement enforcement action, or collect taxes.

SECTION C. List the top five (5) officers of the captioned corporation. If an office is NOT held please indicate by writing NONE.

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191

NAME OF OFFICER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1) CEO Ryoji Sakai	n/a	
2) President Ryoji Sakai	n/a	
3) Vice-President Yoshitake Taniguchi Vice-President Rankin L. Gasaway		
4) Secretary Hisataka Noguchi	n/a	
5) Treasurer Akihiko Shimizu	n/a	

SECTION D. Stockholders holding 5% or more outstanding shares. Note: If you answered Question 1 YES, do not complete this section

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191. If none, please indicate by writing "NONE".

1) Stockholder's Name	Seven Eleven Japan Co., Ltd.	Social Security No. (if Individual)		NUMBER OF SHARES HELD (NOT PERCENTAGE) 104,177
Residence Address		Tax Identification No. (if applicable)	n/a	
City and State		Telephone No.		
Zip Code		Date of Birth		
2) Stockholder's Name		Social Security No. (if Individual)		NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No. (if applicable)		
City and State		Telephone No.		
Zip Code		Date of Birth		

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE TO LIST STOCKHOLDERS)

STATE OF TEXAS

DALLAS COUNTYss

I, Rankin L. Gasaway being first duly sworn, according to law, deposes and says that he/she is (Title) Vice President of the SEJ Asset Management & Investment Company, a corporation duly authorized by law to do business in the State of Ohio, and that the statements made in the foregoing affidavit are true.

(Signature) [Signature]
 Sworn to and subscribed in my presence this _____ day of _____, 2009.
 Notary Public, State of Texas

(Print Name and Corporate Title) Rankin L. Gasaway, Vice President