## NOTICE TO LEGISLATIVE AUTHORITY

#### OHIO DIVISION OF LIQUOR CONTROL 6606 TUSSING ROAD, P.O. BOX 4005

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

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									FORM TO THE DIVISION OF LIQUOR CONTROL								L			
WHETHER OR NOT THERE IS A REQUE: REFER TO THIS NUMBER IN ALL INQUIF										\	., .	С	ST	CK	8	003	360	7-0	055	5
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Township Fiscal Officer

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

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### FOR OFFICE USE ONLY ☐ NEW ☐ TRANSFER ☐ REN

# OHIO DEPARTMENT OF COMMERCE

DIVISION OF LIQUOR CONTROL 6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005



PERMET # 8003607	Telephone: (614) 644-2431 http://www.com.ohio.gov/liqr  OFFICER/ SHAREHOLDERS DISCLOSURE FORM										
SECTION A. (This form must accompany	y all applications of a corporate business entity)	WENT OF CO.									
Name of Corporation 7-Eleven, Inc.	DBA Name 7-Eleven 36226										
Permit Premises Address 316 E. Highland R.	d. City, State Macedonia, OH	Zip Code 44056									
Township, if in Unincorporated Area	Tax Identification No. (TIN) 75-10										
Email Address:											
SECTION B.	<del></del>										
Is stock publicly traded?  **Control  *		Type DNO									
If "YES", indicate exchange  2. Does any stockholder own 5% or more shares? I	& Do NOT complete SECTION D.	☐ YES ☑ NO									
3. Total Number of shares issued 130,313,44		YES NO									
Please be advised that any social security numbers are											
Department of Taxation, the Ohio Astorney General, or implement enforcement action, or collect taxes.	ded to the Division of Liquor Control in this application may be released to the Ohi to any other state or local law enforcement agency if the agency requests the social.	o Department of Public Safety, the Ohio security number to conduct an investigation									
SECTION C. List the top five (5) officers of the											
THE INDIVIDUALS LISTED BELOW MUST HAVE A BA	CKGROUND CHECK PERFORMED BY BCI&LAND SUBMIT A PERSONAL HISTORY BA	ING NONE. CKGROUND FORM, PLEASE READ									
NAME OF OFFICER	SOCIAL SECURITY NUMBER	DATE OF BIRTH									
1) CEO Joseph M. DePinto	. ^~-	OSTE OF BIRTH									
2) President Joseph M. DePinto											
3) Vice-President Darren M. Rebelez											
4) Secretary Rankin L. Gasaway		^									
5) WAXNUK Stanley W. Reynolds											
SECTION D. Stockholders holding 5% or more outsta	inding shares. Note: If you answered Question I YES, do not complete	te this section									
THE INDIVIDUALS LISTED BELOW MUST HAVE A BACK "BACKGROUND CHECK INFORMATION" DLC4191. II	CKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BAC tone, please indicate by writing "NONE".	CKGROUND FORM. PLEASE READ									
1) Stockholder's Name SEJ Asset Mgmt & Invs	t Co. Social Security No. (if Individual)	NUMBER OF SHARES									
Residence Address	Tax Identification No. (if applicable)	HELD									
City and State	Telephone No.	(NOT PERCENTAGE)									
Zip Code	That of Divil.	130,313,449									
2) Stockholder's Name	Date of Birth										
	Social Security No. (if Individual)	NUMBER OF SHARES HELD									
Residence Address	Tax Identification No. (if applicable)	(NOT PERCENTAGE)									
City and State	Telephone No.										
Zip Code	Date of Birth										
(PLEASE SEE REVERSE	SIDE SHOULD YOU NEED ADDITIONAL SPACE TO LIST STOCKE	(OI DEBO									
STATE OF TEXAS	DALLAS COUNTYss	ioebeks)									
], Rankin L. Gasaway	being first duly sworn, according to law, deposes and says that he/sl	on is (Title) SVP/GC/SEC									
of the 7-Eleven, Inc.											
statements made in the foregoing affidavit are true	a corporation duly authorized by law to do busi	ness in the State of Ohio, and that the									
(Signature) KANG A STATE OF THE	SUZANANE WARRISON Jate Title) Rankin L. Gasa	away, SVP/GC/SEC									
Sworn to and subscribed in my presence this	Ballodary Public/Strates/Golds/	,2011									
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### OHIO DEPARTMENT OF COMMERCE DIVISION OF LIQUOR CONTROL



PERMIT # 8003607. Telephon	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 application	ns of a corporate	business ent	tity)		I. (,) E	~1AH			13	ENT OF CO.				
Name of Corporation SEJ Asset Management & Investment	Name of Corporation SEJ Asset Management & Investment Co													
Permit Premises Address 8775 Darrow Rd.		City, State	Twinsb	urg, Ol	H		Zip (	Code	44087	1				
Township, if in Unincorporated Area		Tax Identifi	ication No.	L										
Email Address:														
SECTION B.		The state of the s	Common distriction of the common distriction											
1. Is stock publicly traded?  If "YES", indicate exchange  2. Does any stockholder own 5% or more shares? If YES, complete  3. Total Number of shares issued 104,177	& Do NOT con	nplete SECTIC	DŅ D,						YES YES	□ NO				
Please be advised that any social security numbers provided to the Division Department of Taxation, the Ohio Actorney General, or to any other state of implement enforcement action, or collect taxes.  SECTION C. List the top five (5) officers of the captioned corpora  THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK INFORMATION DICEISI	ition. If an offic	e is NOT held	s agency req d please in	juests th	e social	security	numbe	er to co	nduct an	investigation				
NAME OF OFFICER		SOCIAL SECURITY NUMBER DATE												
I) CEO Ryoji Sakai					271 8.22 0	J1 1921(143								
2) President Ryoji Sakai														
3) Vice-President Yoshitake Taniguchi Vice-President Rankin L. Gasaway			1	·	,	****								
4) Secretary Hisataka Noguchi			$\neg \uparrow$		-	<del></del>								
5) Treasurer Akihiko Shimizu					-									
SECTION D. Stockholders holding 5% or more outstanding shares.  THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK "BACKGROUND CHECK INFORMATION" DLC4191. If none, please indicate b	Note: If you answ	vered Questio &I AND SUBMIT	n/a on 1 YES, o a persona	do not c	comple ORY BAG	te this :	section IND FOI	RM. PL	EASE RE	ΑĎ				
1) Stockholder's Name Seven Eleven Japan Co., Ltd.		Social Security No. (if Individual)								NUMBER OF SHARES				
Residence Address		Tax Identification No. (if applicable) n/a								HELD (NOT PERCENTAGE)				
City and State		Telephone No.												
Zip Code	Date of Birt	h		104,177										
2) Stockholder's Name	Social Secur	Social Security No. (if Individual)								NUMBER OF SHARES				
Residence Address	Tax Identific	ation No. (if		HELD (NOT PERCENTAGE)										
City and State		Telephone No.												
Zip Code	Date of Birth													
(PLEASE SEE REVERSE SIDE SHOULD	YOU NEED ADDI	TIONAL SPA	ACT TO 1	ton on	Y) O E T	(() ( ))	E200							
	S COUNTYss	A ROLLEY DE P	402 IUL	10191	OUM	WLUI	UKS)							
I, Rankin L. Gasaway being fit	rst duly sworn, accor	ding to law d	enoses and	eave th	rat he/ol	he ic (T	ida)	Vice I	)recide	n t				
of the SEJ Asset Management & Investment Company														
statements made in the foregoing alfidavit are true.	a corpo	ration duly aut	inorized by	law to	do busi	ness in	the Sta	ate of C	)hio, and	d (hat the				
(Signature)	_ (Print Name and 6	Corporate Title	;) Ra	ınkin L.	Gasa	- way. V	ice Pr	esiden	ı î					
Sworn to and subscribed grown presence this day of	· ·		* *************************************					1111						
( ) Notary Public, State of Texas (		1	Sept. Sept. Sept.	f Tr			·	2.1		-				