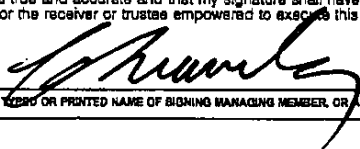


FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90145 012 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000049453		
1. Entity Name CCS FEDERAL, LLC		
Principal Place of Business 426 NORTH FRONT STREET WORMLEYSBURG, PA 17043		Mailing Address P.O. BOX 0888 CAMP HILL, PA 17001-0888
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DEVITT, THISTLE & DEVITT, P.A. 30 S. E. 4TH AVENUE DELRAY BEACH, FL 33483		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		4. FBI Number 16-7404246 Applied For Not Applicable
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reissuance)		DATE _____
Filing Fee is \$50.00 Due by September 6, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNAVELY, CHET JR. 426 NORTH FRONT STREET WORMLEYSBURG, PA 17043	MAILING: P O BOX 0888 CAMP HILL, PA 17001-0888
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  CHET SNAVELY, JR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		7/20/06 (717) 761-1000 Date Daytime Phone #