

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002540

FILED
Apr 21, 2008
Secretary of State

Entity Name: BFS DIVERSIFIED PRODUCTS, LLC

Current Principal Place of Business:

310 E. 96TH STREET
INDIANAPOLIS, IN 46240

New Principal Place of Business:

250 W. 96TH STREET
INDIANAPOLIS, IN 46260

Current Mailing Address:

310 E. 96TH STREET
INDIANAPOLIS, IN 46240

New Mailing Address:

250 W. 96TH STREET
INDIANAPOLIS, IN 46260

FEI Number: 62-1867018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANAND, JAGMOHAN
Address: 100 FIRESTONE LANE
City-St-Zip: KINGS MOUNTAIN, NC 28086

Title: MGR () Delete
Name: SHOJI, MIZUOCHI
Address: 535 MARRIOTT DRIVE
City-St-Zip: NASHVILLE, TN 37214

Title: MGR () Delete
Name: EMKES, MARK A
Address: 535 MARRIOTT DRIVE
City-St-Zip: NASHVILLE, TN 37214

Title: MGR () Delete
Name: GOREY, MICHAEL K
Address: 310 E. 96TH STREET
City-St-Zip: INDIANAPOLIS, IN 46240

Title: MGR () Delete
Name: VINCENT, JOHN
Address: 381 W WILBETH
City-St-Zip: AKRON, OH 44301

Title: MGR () Delete
Name: SOLOMON, SAUL A
Address: 535 MARRIOTT DRIVE
City-St-Zip: NASHVILLE, TN 37214

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GOREY, MICHAEL K
Address: 250 W. 96TH STREET
City-St-Zip: INDIANAPOLIS, IN 46260

Title: MGR (X) Change () Addition
Name: VINCENT, JOHN
Address: 381 W. WILBETH
City-St-Zip: AKRON, OH 44301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KERRY CANTRELL

ASEC

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date