

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90053 039 \*\*\*\*50.00

**DOCUMENT # M03000001304**

1. Entity Name  
**INTELLIGENT SWITCHGEAR ORGANIZATION LLC**



Principal Place of Business  
**4016 NINE MCFARLAND DR  
ALPHARETTA, GA 30004**

Mailing Address  
**4016 NINE MCFARLAND DR  
ALPHARETTA, GA 30004**

**24054416**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

**26-0064655**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **COE, DOUGLAS R**  
STREET ADDRESS **4016 NINE MCFARLAND DR**  
CITY-ST-ZIP **ALPHARETTA, GA 30004**

TITLE **MGR** ☒ Delete  
NAME **STROUP, GARY A**  
STREET ADDRESS **100 N.E. ADAMS STREET**  
CITY-ST-ZIP **PEORIA, IL 61629**

TITLE **MGR** ☐ Delete  
NAME **PARKER, JAMES J**  
STREET ADDRESS **100 N.E. ADAMS STREET**  
CITY-ST-ZIP **PEORIA, IL 61629**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Chairman** ☐ Change ☒ Addition  
NAME **Jerry Whitaker**  
STREET ADDRESS **1000 Chemington Parkway**  
CITY-ST-ZIP **moon township, PA 15108**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Douglas R. Coe - President 4/22/04 770-442-9442**