

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001304

FILED
Apr 24, 2006
Secretary of State

Entity Name: INTELLIGENT SWITCHGEAR ORGANIZATION LLC

Current Principal Place of Business:

4016 NINE MCFARLAND DR
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

4016 NINE MCFARLAND DR
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: 26-0064655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: COE, DOUGLAS R
Address: 4016 NINE MCFARLAND DR
City-St-Zip: ALPHARETTA, GA 30004

Title: C () Delete
Name: WHITAKER, JERRY
Address: 1000 CHERRINGTON PKWY
City-St-Zip: MOONTWONSHIP, PA 15108

Title: MGR () Delete
Name: PARKER, JAMES J
Address: 100 N.E. ADAMS STREET
City-St-Zip: PEORIA, IL 61629

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: C (X) Change () Addition
Name: WHITAKER, JERRY
Address: 1000 CHERRINGTON PKWY
City-St-Zip: MOONTWONSHIP, PA 15108

Title: MGR (X) Change () Addition
Name: ROHNER, BILL
Address: 100 N.E. ADAMS STREET
City-St-Zip: PEORIA, IL 61629

Title: MGR () Change (X) Addition
Name: STERNWEIS, JAMES
Address: 1000 CHERRINGTON PKWY
City-St-Zip: MOONTWONSHIP, PA 15108

Title: MGR () Change (X) Addition
Name: CARSON, RANDY
Address: 1000 CHERRINGTON PKWY
City-St-Zip: MOONTWONSHIP, PA 15108

Title: MGR () Change (X) Addition
Name: HORN, JEFF
Address: 100 N.E. ADAMS STREET
City-St-Zip: PEORIA, IL 61629

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS R. COE

MGR

04/24/2006

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