

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002763

FILED
Mar 20, 2007
Secretary of State

Entity Name: NEW ACTON MOBILE INDUSTRIES LLC

Current Principal Place of Business:

8007 CORPORATE DR.
A
BALTIMORE, MD 21236

New Principal Place of Business:

Current Mailing Address:

8007 CORPORATE DR.
A
BALTIMORE, MD 21236

New Mailing Address:

FEI Number: 20-0105257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: GOFF, LAURENS
Address: 520 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: MGR (X) Delete
Name: FLYNN, GREG
Address: 520 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: MGR (X) Delete
Name: GOSSETT, BARRY P
Address: 3300 EASTERN BLVD.
City-St-Zip: BALTIMORE, MD 21220

Title: MGR (X) Delete
Name: DELAPLAINE, GEORGE B JR
Address: 244 W. PATRICK STREET
City-St-Zip: FREDERICK, MD 21701

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ACTON MOBILE HOLDING, S LLC
Address: 8007 CORPORATE DR STE A
City-St-Zip: NOTTINGHAM, MD 21236

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

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

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

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: GARY BOCHRATH

CFO

03/20/2007

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