

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


8/

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-04-2006 90086 018 ****50.00

DOCUMENT # M04000000800

1. Entity Name
NATIONAL SERVICE MAINTENANCE, LLC



30012947

Principal Place of Business
**1209 ORANGE STREET
 WILMINGTON, DE 72201**

Mailing Address
**1209 ORANGE STREET
 WILMINGTON, DE 72201**

2. Principal Place of Business
200 Pratt Street

3. Mailing Address
200 Pratt Street

Suite, Apt. #, etc.



07242006 Chg-LLC CR2E083 (11/05)

City & State
Meriden, CT

City & State
Meriden, CT

Zip
06450

Country
USA

Zip
06540

Country
USA

4. FEI Number
20-0357912

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$50.00 Due by September 8, 2006

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR C.E.I. INVESTMENT CORP. 200 PRATT STREET MERIDEN, CT 06450 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1 MGRM C.E.I.I. Investment Company, LLC 200 Pratt Street Meriden, CT 06450 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Salvatore R. Carabetta *Salvatore R. Carabetta* 7/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #