


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90046 012 ***138.75

DOCUMENT # M04000001062
 1. Entity Name
ACE GLOBAL DISTRIBUTION LLC



Principal Place of Business
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

Mailing Address
 2200 KENSINGTON COURT
 OAK BROOK, IL 60523

60930250



DO NOT WRITE IN THIS SPACE

04212008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 16-1691249	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMSTRONG, MURRAY 2200 KENSINGTON COURT OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLINS, ROBERT H 2200 KENSINGTON COURT OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TING, PETER M 2200 KENSINGTON CT OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGIVERN, ARTHUR 2200 KENSINGTON COURT OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BROWNING, JULIE A 2200 KENSINGTON COURT OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS IMAHORI, BRIAN 2200 KENSINGTON COURT OAK BROOK, IL 60523

DO NOT WRITE IN THIS SPACE

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:  Date: **4/28/08** Daytime Phone #: **630-990-6600**

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