

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002019

FILED
Jan 28, 2009
Secretary of State

Entity Name: STAUFFER MANAGEMENT COMPANY LLC

Current Principal Place of Business:

1800 CONCORD PIKE
ANN V. BOOTH-BARBARIN, LEGAL DEPARTMENT
WILMINGTON, DE 19803

New Principal Place of Business:

Current Mailing Address:

1800 CONCORD PIKE
ANN V. BOOTH-BARBARIN, LEGAL DEPARTMENT
WILMINGTON, DE 19803

New Mailing Address:

FEI Number: 51-0408085 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: ENGELMANN, GLENN M
Address: 1800 CONCORD PIKE
City-St-Zip: WILMINGTON, DE 19803

Title: MGR () Delete
Name: BRUXELLES, GREGORY M
Address: 1800 CONCORD PIKE
City-St-Zip: WILMINGTON, DE 19803

Title: MGR () Delete
Name: METTE, LUKE W
Address: 1800 CONCORD PIKE
City-St-Zip: WILMINGTON, DE 19803

Title: MGR () Delete
Name: SPILLER, BRIAN A
Address: 1800 CONCORD PIKE
City-St-Zip: WILMINGTON, DE 19803

ADDITIONS/CHANGES:

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

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 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: GLENN M. ENGELMANN

MGR

01/28/2009

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