

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90049 050 \*\*\*\*50.00

**60005401**



DOCUMENT # M05000000031					
1. Entity Name INTERNATIONAL PAINT LLC					
Principal Place of Business 6001 ANTOINE DRIVE HOUSTON, TX 77091			Mailing Address 525 WEST VAN BUREN ST CHICAGO, IL 60607		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 61-0310940	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GHOSH, ARABINDA		NAME		
STREET ADDRESS	6001 ANTOINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77091		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, EIFION		NAME		
STREET ADDRESS	6001 ANTOINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77091		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLEETWOOD, KEVIN		NAME		
STREET ADDRESS	1 E. WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	WAUKEGAN, IL 60085		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUCCHESI, JANICE L		NAME		
STREET ADDRESS	525 WEST VAN BUREN STREET6		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 606073823		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCUDDER, CHARLES S.K.		NAME		
STREET ADDRESS	7 LIVINGSTONE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DOBBS FERRY, NY 105222222		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELTI, DAVID P		NAME	MGR	
STREET ADDRESS	1 E. WATER STREET		STREET ADDRESS	1 E Water St.	
CITY-ST-ZIP	WAUKEGAN, IL 60085		CITY-ST-ZIP	Waukegan, IL 60085	
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: 		James J. Jackson		1-13-07 (312) 544-7078	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	