

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000003876

Entity Name: SAPA EXTRUSIONS LLC

FILED
Feb 27, 2012
Secretary of State

Current Principal Place of Business:

AIRPORT OFFICE PARK, BUILDING 2
400 ROUSER ROAD
MOON TOWNSHIP, PA 15108

New Principal Place of Business:

9600 W. BRYN MAWR AVENUE, SUITE 250
ROSEMONT, IL 60018

Current Mailing Address:

AIRPORT OFFICE PARK, BUILDING 2
400 ROUSER ROAD
MOON TOWNSHIP, PA 15108

New Mailing Address:

9600 W. BRYN MAWR AVENUE, SUITE 250
ROSEMONT, IL 60018

FEI Number: 56-2643776

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
Name: LAWLOR, PATRICK
Address: 9600 W. BRYN MAWR AVENUE, SUITE 250
City-St-Zip: ROSEMONT, IL 60018

Title: MGR
Name: KAVANAUGH, ROBERT
Address: 9600 W. BRYN MAWR AVENUE, SUITE 250
City-St-Zip: ROSEMONT, IL 60018

Title: MGR
Name: BELCASTRO, JACQUELYNE
Address: 9600 W. BRYN MAWR AVENUE, SUITE 250
City-St-Zip: ROSEMONT, IL 60018

Title: MGR
Name: RUBICKY, ROBERT
Address: 9600 W. BRYN MAWR AVENUE, SUITE 250
City-St-Zip: ROSEMONT, IL 60018

I hereby 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: JACQUELYNE BELCASTRO

MGR

02/27/2012

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