

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000137

FILED
Apr 08, 2009
Secretary of State

Entity Name: GURWITCH PRODUCTS, L.L.C.

Current Principal Place of Business:

13259 NORTH PROMENADE
STAFFORD, TX 77477 US

New Principal Place of Business:

13259 NORTH PROMENADE BLVD
STAFFORD, TX 77477 US

Current Mailing Address:

13259 NORTH PROMENADE
STAFFORD, TX 77477 US

New Mailing Address:

13259 NORTH PROMENADE BLVD
STAFFORD, TX 77477 US

FEI Number: 20-4780005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: PD () Delete
Name: COLLIER, SHARON
Address: 13259 N PROMENADE BLVD
City-St-Zip: STAFFORD, TX 77477 US

Title: VS () Delete
Name: MOHR, MICHAEL A
Address: 7575 FULTON ST EAST
City-St-Zip: ADA, MI 49355 US

Title: T () Delete
Name: WITCHER, CRAIG V
Address: 7575 FULTON ST EAST
City-St-Zip: ADA, MI 49355 US

Title: CFO () Delete
Name: VANRANDWYK, PAUL
Address: 7575 FULTON ST EAST
City-St-Zip: ADA, MI 49355 US

Title: D () Delete
Name: COLMAN, ROGER C
Address: 7575 FULTON ST EAST
City-St-Zip: ADA, MI 49355 US

Title: D (X) Delete
Name: PAYNE, WILLIAM R
Address: 7575 FULTON ST EAST
City-St-Zip: ADA, MI 49355 US

ADDITIONS/CHANGES:

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

Title: D (X) Change () Addition
Name: WEAVER, JAMES M
Address: 7575 FULTON ST EAST
City-St-Zip: ADA, MI 49355 US

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

Title: D (X) Change () Addition
Name: TUIT, DAVID J
Address: 7575 FULTON ST EAST
City-St-Zip: ADA, MI 49355 US

Title: VD (X) Change () Addition
Name: COLMAN, ROGER C
Address: 7575 FULTON ST EAST
City-St-Zip: ADA, MI 49355 US

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: CRAIG V. WITCHER

T

04/08/2009

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