

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006021

**FILED**  
**Jan 19, 2013**  
**Secretary of State**  
**CC2439556197**

**Entity Name:** TOYAN ENTERPRISES, LLC

**Current Principal Place of Business:**

C/O POWER PLANT MANAGEMENT SERVICES, LLC  
10710 SIKES PLACE, SUITE 300  
CHARLOTTE, NC 28277

**Current Mailing Address:**

C/O POWER PLANT MANAGEMENT SERVICES, LLC  
10710 SIKES PLACE, SUITE 300  
CHARLOTTE, NC 28277 US

**FEI Number:** 94-3096153

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Authorized Person(s) Detail :**

Title DVP  
Name PIKE, ANDREW  
Address THREE CHARLES RIVER PL 63  
KENDRICK ST  
City-State-Zip: NEEDHAM MA 02494

Title DVP  
Name MACGILLIVRAY, WARREN  
Address THREE CHARLES RIVER PL 63  
KENDRICK ST  
City-State-Zip: NEEDHAM MA 02494

Title D  
Name FRANSON, ROBERT  
Address THREE CHARLES RIVER PL 63  
KENDRICK ST  
City-State-Zip: NEEDHAM MA 02494

Title VP  
Name LEMKE, CARL  
Address THREE CHARLES RIVER PL 63  
KENDRICK ST  
City-State-Zip: NEEDHAM MA 02494

Title AS  
Name CARR, CAROL  
Address THREE CHARLES RIVER PL 63  
KENDRICK ST  
City-State-Zip: NEEDHAM MA 02494

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROL CARR

**ASSISTANT SECRETARY** 01/19/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date