

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000006797

Entity Name: TITAN FORMWORK SYSTEMS, L.L.C.

Current Principal Place of Business:

7855 SOUTH RIVER PKWY, STE. 105
TEMPE, AZ 85284

Current Mailing Address:

7855 SOUTH RIVER PKWY, STE. 105
TEMPE, AZ 85284

FEI Number: 36-4246775

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGRM
Name THE HELCO COMPANIES, LLC
Address 2075 FOX FIELD RD, STE. 102
City-State-Zip: ST. CHARLES IL 60174

Title MGR
Name PETTIBONE, LLC
Address 2626 WARRENVILLE RD, STE. 300
City-State-Zip: DOWNERS GROVE IL 60515

Title PRESIDENT
Name BACON, DAVID L
Address 8750 SOUTH COLLEGE LANE
City-State-Zip: TEMPE AZ 85284

Title VP
Name EYTCHISON, RANDALL D
Address 8856 E. NORA CIRCLE
City-State-Zip: MESA AZ 85207

Title ASST. SECRETARY
Name DAVID , JACK L
Address 4635 W. VILLA RITA DR
City-State-Zip: GLENDALE AZ 85308

Title ASST. SECRETARY
Name THOMAS, RICHARD A
Address 800 W. WILLIS RD
2011
City-State-Zip: CHANDLER AZ 85286

Title VP
Name SCHUSTER, RONALD W
Address 28W341 FLANDERS LANE
City-State-Zip: WINFIELD IL 60190

Title ASST. SECRETARY
Name TAUSCHER, PAUL D
Address 6 FLINTLOCK DR
City-State-Zip: LONG VALLEY NJ 07853

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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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD THOMAS

ASSISTANT SECRETARY 03/26/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name MOORHOUSE, MICHAEL E
Address 6905 N QUINCY AVE
City-State-Zip: KANSAS CITY MO 64119

Title ASST. SECRETARY
Name MARTIN, GERRY R
Address 913 ASPEN DRIVE
City-State-Zip: SMITHVILLE MO 64089

Title ASST. SECRETARY
Name CUBBAGE, BRIAN W
Address 525 E LURAY AVENUE
City-State-Zip: ALEXANDRIA VA 22301

Title ASST. SECRETARY
Name MEADOWS, STANLEY H
Address 538 HILLSIDE DRIVE
City-State-Zip: HIGHLAND PARK IL 60035