2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005824

Entity Name: BOMAX LLC

FILED Apr 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

376 WESTOVER RD. 131 DOLPHIN COVE QUAY STAMFORD, CT 06902 STAMFORD, CT 06902

Current Mailing Address: New Mailing Address:

131 DOLPHIN COVE QUAY 376 WESTOVER RD STAMFORD, CT 06902 STAMFORD, CT 06902

FEI Number: 61-1424164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS,, FL 33410

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:

Date

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete (X) Change () Addition CONE, DAVID B CONE, DAVID B Name: Name:

Address: 376 WESTOVER RD. Address: 131 DOLPHIN COVE QUAY City-St-Zip: STAMFORD, CT 06902 City-St-Zip: STAMFORD, CT 06902

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: CONE, LYNN A Name: CONE, LYNN A

Address: 376 WESTOVER RD Address: 131 DOLPHIN COVE QUAY City-St-Zip: STAMFORD, CT 06902 City-St-Zip: STAMFORD, CT 06902

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: LYNN ALISON CONE 04/25/2009