

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000365

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** ACTS ACQUISITION COMPANY, LLC

**Current Principal Place of Business:**

375 MORRIS ROAD  
WEST POINT, PA 19486

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 90  
WEST POINT, PA 19486

**New Mailing Address:**

**FEI Number:** 23-1900132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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 ( ) Delete  
Name: DUNN, THOMAS A III  
Address: 375 MORRIS RD.  
City-St-Zip: WEST POINT, PA 19486

Title: MGR ( ) Delete  
Name: GRANT, GERALD T  
Address: 375 MORRIS RD.  
City-St-Zip: WEST POINT, PA 19486

Title: MGR ( ) Delete  
Name: MASHNER, MARVIN  
Address: 375 MORRIS RD.  
City-St-Zip: WEST POINT, PA 19486

**ADDITIONS/CHANGES:**

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

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

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: MARVIN MASHNER

PRES

04/01/2009

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