## 2004 LIMITED LIABILITY COMPANY

SIGNATURE:

## Apr 26, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # L03000011409 04-01-2004 90221 022 \*\*\*\*50.00 ALLIED AEROFOAM REAL ESTATE, LLC Principal Place of Business Mailing Address 300 PLAZA DRIVE VESTAL NY 13850 300 PLAZA DRIVE VESTAL NY 13850 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State 4. FEI Number Applied For City & State 20-0116204 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name . NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE FL 32301 City Zip Code 8. 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. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 " MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Tech Aeroform Products TITLE ☐ Delete TITLE Change ☐ Addition P.O. BOX 590268 NAME NAME STREET ADDRESS STREET ADDRESS as sole number Orlando FL 32859 CITY-ST-ZIP CITY-ST-ZIP TILE TITLE Change ☐ Addition KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST- 7P IIILE ☐ Delete TITLE Addition NAME HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Detete: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and acquirate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the timited liability company or the receipter or trustee employed to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Attachment 34001277 #1030000/1409

## CERTIFICATES AS TO ARTICLES OF ORGANIZATION

The undersigned duly elected and acting Vice President of Tech-Aerofoam Products, Inc., sole member of Allied Aerofoam Real Estate, LLC, a Florida limited liability company, hereby certifies that attached hereto is a true and correct copy of the Articles of Organization of Allied Aerofoam Real Estate, LLC, as of the date hereof.

IN WITNESS WHEREOF, the undersigned has executed the Certificate and affixed the seal of the Company hereto as of the  $8^{th}$  day of August, 2003.

## ALLIED AEROFOAM REAL ESTATE, LLC

By: Tech-Aerofoam Products, Inc., as sole member

By:

Name: David Koffman

Title: Vice President

attachment # L03000011409



Bepartment of State

I certify the attached is a true and correct-copy of the Articles of Organization of ALLIED AEROFOAM REAL ESTATE, LLC, a limited liability company organized under the laws of the state of Florida, filed on March 28, 2003, as shown by the records of this office.

The document number of this limited liability company is L03000011409.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Thirty-first day of March, 2003

CR2EO22 (2-03)

Leado E Hood

Glendu F. Hood Secretury of State