

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046086

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: LESLIE SCI, L.L.C.

**Current Principal Place of Business:**

ONE INDUSTRIAL PARK DRIVE  
HASTINGS, PA 16646

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13405  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 20-0447064

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOWREY, RONALD A  
515 NORTH ADAMS STREET  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: LESLIE, HAROLD C  
Address: 753 OLD DIRT ROAD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: S/T ( ) Delete  
Name: MORGAN, SUSAN  
Address: PO BOX 13405  
City-St-Zip: TALLAHASSEE, FL 32317

**ADDITIONS/CHANGES:**

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

Title: VP (X) Change ( ) Addition  
Name: LESLIE, GREGORY C  
Address: PO BOX 13405  
City-St-Zip: TALLAHASSEE, FL 32317

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: GREGORY C. LESLIE

VP

02/26/2009

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