

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026169

FILED
Mar 29, 2010
Secretary of State

Entity Name: NATIONAL INSULATION CONTRACTORS' EXCHANGE, LLC

Current Principal Place of Business:

201 CENTRE ST
SUITE 304
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

1890 S 14TH ST
SUITE 212
FERNANDINA BEACH, FL 32034

Current Mailing Address:

201 CENTRE ST
SUITE 304
FERNANDINA BEACH, FL 32034

New Mailing Address:

1890 S 14TH ST
SUITE 212
FERNANDINA BEACH, FL 32034

FEI Number: 20-1017989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBEE, BRIAN KEITH
3802 N COMBEE RD
LAKELAND, FL 33805 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
Name: CLEMENTS, MICHAEL J
Address: 1890 S 14TH ST STE 212
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM
Name: COMBEE, BRIAN KEITH
Address: 3802 N COMBEE RD
City-St-Zip: LAKELAND, FL 33805

Title: MGRM
Name: DELFINO, MICHAEL JR
Address: 1648 LOCUST AVENUE
City-St-Zip: BOHEMIA, NY 11716

Title: MGRM
Name: FISKE, GREG
Address: 435 NARRAGANSETT PARK DR
City-St-Zip: PAWTUCKET, RI 02861

Title: MGRM
Name: WOODMAN, JEFF
Address: 1230 SAMPLES INDUSTRIAL DR STE 600
City-St-Zip: CUMMING, GA 30041

Title: MGRM
Name: KINZLER, KEVIN
Address: 2335 230TH ST
City-St-Zip: AMES, IA 50014

I hereby 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: MICHAEL J CLEMENTS

MGR

03/29/2010

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