2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079229

Entity Name: OPTICHLOR INTERNATIONAL LLC

FILED Aug 19, 2011 Secretary of State

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

15023 S.W. 40TH STREET 11857 NW 12 DRIVE

DAVIE, FL 33331 CORAL SPRINGS, FL 33071 US

Current Mailing Address: New Mailing Address:

15023 S.W. 40TH STREET 11857 NW 12 DRIVE

CORAL SPRINGS, FL 33071 DAVIE, FL 33331 US US

FEI Number: 26-3236891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

UNITED STATES CORPORATION AGENTS, INC. 320 S. FLAMINGO ROAD

PEMBROKE PINES, FL 33027 US

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:

NIEDERMAIER, HEINZ MR Name: Address: 11857 NW 12 DRIVE City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: MGRM

Name: JAMES, SPENCER MR Address: 11857 NW12 DRIVE

City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: MGRM

LOBNIG, PETER MR Name: 11857 NW 12TH DRIVE Address: City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: MGRM

Name: TYLER, KEITH MR Address: 11857 NW 12TH DRIVE

City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: MGRM

Name: SEUBERT, KIRK MR. 11857 NW 12TH DRIVE Address: City-St-Zip: CORAL SPRINGS, FL 33071 US

Title:

WATT, GORDON MR Name: Address: 11857 NW 12TH DRIVE CORAL SPRINGS, FL 33071 US City-St-Zip:

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 Statues.

SIGNATURE: HEINZ NIEDERMAIER **MGR** 08/19/2011

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