

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087560

Entity Name: INDUMAT INVESTMENTS LLC

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

NIKKELSTRAAT 6  
2984 AM RIDDERKERK  
THE NETHERLANDS, XX

## Current Mailing Address:

NIKKELSTRAAT 6  
2984 AM RIDDERKERK  
THE NETHERLANDS, XX

## New Principal Place of Business:

NIKKELSTRAAT 6  
2984 AM RIDDERKERK  
THE NETHERLANDS, . . NL

## New Mailing Address:

NIKKELSTRAAT 6  
2984 AM RIDDERKERK  
THE NETHERLANDS, . . NL

FEI Number: 98-0594780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HIQ CORPORATE SERVICES, INC.  
1574 VILLAGE SQUARE BLVD., SUITE 100  
TALLAHASSEE, FL 32309 US

## Name and Address of New Registered Agent:

NICHOLS, ESTHER D.CPA  
1329 KINGSLEY AVE STE D  
ORANGE PARK, FL 32073 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: ESTHER D. NICHOLS, CPA

04/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: INDUMAT HOLDING B.V.  
Address: NIKKELSTRAAT 6, 2984 AM RIDDERKERK  
City-St-Zip: THE NETHERLANDS, XX

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: INDUMAT HOLDING B.V.  
Address: NIKKELSTRAAT 6, 2984 AM RIDDERKERK  
City-St-Zip: THE NETHERLANDS, . . NL

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: HANS EVERTS

MGR

04/28/2009

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