

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90202 023 ****50.00

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01262005 Chg-LLC CR2E083 (10/03)

DOCUMENT # M00000000513					
1. Entity Name LEHIGH SAFETY SHOE CO., LLC					
Principal Place of Business LEHIGH SAFETY SHOE CO LLC 120 PLAZA DRIVE SUITE A VESTAL, NY 13850			Mailing Address 381 RIVERSIDE DRIVE 300 FRANKLIN, TN 37064		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 22-3709780	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBES, JOSEPH J		NAME	MIKE BROOKS	
STREET ADDRESS	120 PLAZA DRIVE, SUITE A		STREET ADDRESS	39 E. CANAL STREET	
CITY-ST-ZIP	VESTAL, NY 13850		CITY-ST-ZIP	NELSONVILLE, OH 45764	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL ROSSO, PAUL		NAME	DAVID SHARP	
STREET ADDRESS	120 PLAZA DRIVE, SUITE A		STREET ADDRESS	39 E. CANAL STREET	
CITY-ST-ZIP	VESTAL, NY 13850		CITY-ST-ZIP	NELSONVILLE, OH 45764	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRZYBOWSKI, JOHN		NAME	JAMES E. McDONALD	
STREET ADDRESS	381 RIVERSIDE DRIVE SUITE 300		STREET ADDRESS	39 E. CANAL STREET	
CITY-ST-ZIP	FRANKLIN, TN 37064		CITY-ST-ZIP	NELSONVILLE, OH 45764	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCK, JOHN		NAME		
STREET ADDRESS	381 RIVERSIDE DRIVE SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN, TN 37064		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHN, GERALD M		NAME		
STREET ADDRESS	381 RIVERSIDE DRIVE SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN, TN 37064		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, PETER		NAME		
STREET ADDRESS	RARITAN CENTER 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	EDISON, NJ 08818		CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing 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 accurate 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>James E. McDonald</i>		JAMES E. McDONALD		1/24/05 615-599-2224	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	