


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90140 042 ****50.00

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
---------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------

20001959



2. Principal Place of Business 39 E. CANAL STREET Suite, Apt. #, etc.	3. Mailing Address 235 NOAH DRIVE Suite, Apt. #, etc.
-----------------------------------------------------------------------------	-------------------------------------------------------------

01102006 Chg-LLC CR2E083 (11/05)

City & State NELSONVILLE, OH	City & State FRANKLIN TN
---------------------------------	-----------------------------

4. FEI Number 22-3709780	Applied For Not Applicable
-----------------------------	-------------------------------

Zip 45764	Country USA	Zip 37064	Country USA
--------------	----------------	--------------	----------------

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, 2006	Make check payable to Florida Department of State
---------------------------------------------	------------------------------------------------------

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, MIKE 39 E CANAL STREET NELSONVILLE, OH 45764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHARP, DAVID 39 E CANAL STREET NELSONVILLE, OH 45764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONALD, JAMES E 39 E CANAL STREET NELSONVILLE, OH 45764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James E. McDonald JAMES E. MCDONALD 1/17/06 740-753-1951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #