

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000000105**

1. Entity Name  
**ATCO NOISE MANAGEMENT LLC**



Principal Place of Business  
**1243 MCKNIGHT BLVD. N.E.  
CALGARY ALBERTA CANADA  
T2E 5T1, XX**

Mailing Address  
**1400, 909-11 AVENUE SW  
CALGARY, ALBERTA T2R 1N6, XX**

**DO NOT WRITE IN THIS SPACE**



03102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**98-0180102**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and file if applicable.

(NOTE, Registered Agent signature required when reconstituting)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

1100000483156  
04/11/06-80105-011 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BRITTON, WILLIAM L
STREET ADDRESS	1600, 909 - 11 AVENUE SW
CITY-ST-ZIP	CALGARY, ALBERTA,
TITLE	MGR
NAME	WATSON, KAREN M
STREET ADDRESS	1600 11 AVENUE SOUTHWEST SUITE 909
CITY-ST-ZIP	CALGARY, ALBERTA,
TITLE	MGR
NAME	FRENCH, BASIL K
STREET ADDRESS	1600, 909 - 11 AVENUE SW
CITY-ST-ZIP	CALGARY, ALBERTA,
TITLE	MGR
NAME	SOUTHERN, NANCY C
STREET ADDRESS	1600, 909 - 11 AVENUE SW
CITY-ST-ZIP	CALGARY, ALBERTA,
TITLE	MGR
NAME	SOUTHERN, RONALD D
STREET ADDRESS	1600, 909 - 11 AVENUE SW
CITY-ST-ZIP	CALGARY, ALBERTA,
TITLE	MGR
NAME	SHAW, MICHAEL M
STREET ADDRESS	1600 11 AVENUE SOUTHWEST SUITE 909
CITY-ST-ZIP	CALGARY, ALBERTA,

**DO NOT WRITE  
IN THIS SPACE**

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: P. SPRUIN, SECRETARY**

**MARCH 13, 2006**

**(403) 292-7439**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #