


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90033 013 ****50.00

DOCUMENT # M0100000291							
1. Entity Name DAYCO PRODUCTS, LLC							
Principal Place of Business ONE TOWNE CENTRE 501 JOHN JAMES AUDUBON PKWY. AMHERST, NY 14226			Mailing Address ONE TOWNE CENTRE 501 JOHN JAMES AUDUBON PKWY. AMHERST, NY 14226				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	04082005 Chg-LLC CR2E083 (10/03)			
4. FEI Number 16-1598206				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			7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MONTAGUE, WILLIAM P		NAME				
STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY		STREET ADDRESS				
CITY-ST-ZIP	AMHERST, NY 14226		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GRENOLDS, RICHARD L		NAME				
STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY		STREET ADDRESS				
CITY-ST-ZIP	AMHERST, NY 14226		CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BARBERIO, MARK G		NAME	VPT BARBERIO, MARK G			
STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY		STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY			
CITY-ST-ZIP	AMHERST, NY 14226		CITY-ST-ZIP	AMHERST, NY 14226			
TITLE		<input type="checkbox"/> Delete	TITLE	SEC	<input type="checkbox"/> Change		
NAME			NAME	STEELE, EDWARD R.	<input checked="" type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY			
CITY-ST-ZIP			CITY-ST-ZIP	AMHERST, NY 14226			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change		
NAME			NAME		<input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change		
NAME			NAME		<input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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>Edward R. Steele</i>		EDWARD R. STEELE		4/25/05 (716) 689-4972			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #			