


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000000291
 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
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04072006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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
**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTAGUE, WILLIAM P 501 JOHN JAMES AUDUBON PKWY AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRENOLDS, RICHARD L 501 JOHN JAMES AUDUBON PKWY AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BARBERIO, MARK G 501 JOHN JAMES AUDUBON PKWY AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEELE, EDWARD R 501 JOHN JAMES AUDUBON PKWY AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/12/06-80011-009 50.00

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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: Edward R. Steele Date: 4/11/06 Daytime Phone #: 716/689-4972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE