

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90004 001 ***138.75

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



04082008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 16-1598206 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

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	PD
NAME	MONTAGUE, WILLIAM P
STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY
CITY-ST-ZIP	AMHERST, NY 14226
TITLE	VP
NAME	GRENOLDS, RICHARD L
STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY
CITY-ST-ZIP	AMHERST, NY 14226
TITLE	VPTreas
NAME	BARBERIO, MARK G
STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY
CITY-ST-ZIP	AMHERST, NY 14226
TITLE	SEC VP
NAME	STEELE, EDWARD R
STREET ADDRESS	501 JOHN JAMES AUDUBON PKWY
CITY-ST-ZIP	AMHERST, NY 14226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  Date _____ Daytime Phone # 711-089-4972

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

Date

Daytime Phone #