

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000404

FILED
Feb 17, 2005
Secretary of State

Entity Name: VDC FIRST AID & SAFETY SUPPLY LLC

Current Principal Place of Business:

3233 NEWMARK DR.
MIAMISBURG, OH 45342

New Principal Place of Business:

3233 NEWMARK DR.
MIAMISBURG, OH 453425422

Current Mailing Address:

3233 NEWMARK DR.
MIAMISBURG, OH 45342

New Mailing Address:

3233 NEWMARK DR.
MIAMISBURG, OH 453425422

FEI Number: 31-1744091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CROTTY, DANIEL W
Address: 560 TIMBERLEA TRAIL
City-St-Zip: KETTERING, OH 45429

Title: MGR () Delete
Name: CROTTY, KEVIN M
Address: 130 ASPEN WOODS
City-St-Zip: SPRINGBORO, OH 45066

Title: MGR () Delete
Name: SENSEMAN, DAVID
Address: 9251 OLDE WOODS CT
City-St-Zip: DAYTON, OH 45458

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID SENSEMAN

MGR

02/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date