

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000418

Entity Name: GRAYHAWK LEASING, LLC

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

ONE PEPSI WAY  
SOMERS, NY 10589

## New Principal Place of Business:

## Current Mailing Address:

ONE PEPSI WAY  
SOMERS, NY 10589

## New Mailing Address:

FEI Number: 13-4172640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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/MANAGERS:

Title: MGR ( ) Delete  
Name: YAWMAN, DAVID  
Address: 1 PEPSI WAY  
City-St-Zip: SOMERS, NY 10589

Title: MGR ( ) Delete  
Name: D'ALESSANDRO, NICHOLAS J  
Address: 1 PEPSI WAY  
City-St-Zip: SOMERS, NY 10589

Title: MGR ( ) Delete  
Name: VAN SADERS, WILLIAM  
Address: 1 PEPSI WAY  
City-St-Zip: SOMERS, NY 10589

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: VPS (X) Change ( ) Addition  
Name: YAWMAN, DAVID  
Address: 1 PEPSI WAY  
City-St-Zip: SOMERS, NY 10589

Title: VP (X) Change ( ) Addition  
Name: CRENSHAW, JAMES  
Address: 1 PEPSI WAY  
City-St-Zip: SOMERS, NY 10589

Title: VP (X) Change ( ) Addition  
Name: FICHERA, MICHAEL  
Address: 1 PEPSI WAY  
City-St-Zip: SOMERS, NY 10589

Title: P ( ) Change (X) Addition  
Name: DREWES, ALFRED H  
Address: 1 PEPSI WAY  
City-St-Zip: SOMERS, NY 10589

Title: VPT ( ) Change (X) Addition  
Name: SMITH, KENNETH  
Address: 1 PEPSI WAY  
City-St-Zip: SOMERS, NY 10589

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL FICHERA

VP

04/29/2008

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