2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M01000000822

1. Entity Name
HEAPY ENGINEERING LLC

Principal Place of Business	Mailing Address
1400 W. DOROTHY LANE DAYTON, OH 45409	1400 W. DOROTHY LANE DAYTON, OH 45409

20015580

01212005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number
31-1743951

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐   **$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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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 **MGR** NAME **WERLING, BERNARD J** STREET ADDRESS **1400 W. DOROTHY LANE** CITY-ST-ZIP **DAYTON, OH 45409**	☒ Delete	TITLE Manager NAME Weber, Richard R. STREET ADDRESS 1400 W. Dorothy Lane CITY-ST-ZIP Dayton, OH 45409	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____   Manager   2/7/05   937-224-0861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #