

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001128

FILED
Jan 25, 2008
Secretary of State

Entity Name: ASSA ABLOY DOOR GROUP, LLC

Current Principal Place of Business:

110 SARGENT DR.
NEW HAVEN, CT 06511

New Principal Place of Business:

Current Mailing Address:

110 SARGENT DR.
NEW HAVEN, CT 06511

New Mailing Address:

FEI Number: 06-1617809

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/MANAGERS:

Title: MGR () Delete
Name: MOLOKOTOS, THANASIS
Address: 110 SARGENT DRIVE
City-St-Zip: NEW HAVEN, CT 06511

Title: MGR () Delete
Name: FELLOWS, BENJAMIN E
Address: 7617 CURRELL BLVD, SUITE 200
City-St-Zip: WOODBURY, MN 55125

Title: MGR () Delete
Name: MERESCHUK, JEFFREY A
Address: 110 SARGENT DRIVE
City-St-Zip: NEW HAVEN, CT 06511

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: DENBROCK, LARRY
Address: 9159 TELECOM DRIVE
City-St-Zip: MILIAN, TN 38358

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

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: JEFFREY A. MERESCHUK

MGR

01/25/2008

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