

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90132 008 ****50.00

DOCUMENT # M01000002876

1. Entity Name
SPACECON, LLC



Principal Place of Business
**120 NORTH LIME ST.
LANCASTER, PA 17602**

Mailing Address
**120 NORTH LIME ST.
LANCASTER, PA 17602**

64000010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

23-2965187

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☒ Delete
NAME **LANGAN, PAUL**
STREET ADDRESS **120 N LIME ST**
CITY-ST-ZIP **LANCASTER, PA 17602**

TITLE **ST** ☒ Delete
NAME **WERNER, BRENT**
STREET ADDRESS **120 N LIME ST**
CITY-ST-ZIP **LANCASTER, PA 17602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **L.C. WOERNER**
STREET ADDRESS **450 BEAR COLBITT RD.**
CITY-ST-ZIP **BEAR DE 19701**

TITLE **SECRETARY-TREASURER** ☐ Change ☒ Addition
NAME **KIM M. COOPER**
STREET ADDRESS **810 ORCHARD ST.**
CITY-ST-ZIP **AKRON OH 17501**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: *Kim M Cooper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/9/04 **397-3633**
Date Daytime Phone #