2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006
Secretary of State

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Entity Name: A&E FACTORY SERVICE, LLC

Current Principal Place of Business:

3333 BEVERLY ROAD
HOFFMAN ESTATES, IL 60179

New Principal Place of Business:

Current Mailing Address:

3333 BEVERLY ROAD
768 TAX, B2-130B
HOFFMAN ESTATES, IL 60179

New Mailing Address:

FEI Number: 36-4486695 **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:	GOOD, MARK	
Address:	3333 BEVERLY ROAD	
City-St-Zip:	HOFFMAN ESTATES, IL 60179	
Title:	MGR	( ) Delete
Name:	GABB, WILLIAM	
Address:	3333 BEVERLY ROAD	
City-St-Zip:	HOFFMAN ESTATES, IL 60179	
Title:	MGR	(X) Delete
Name:	PHELAN, ROBERT	
Address:	3333 BEVERLY ROAD	
City-St-Zip:	HOFFMAN ESTATES, IL 60179	
Title:	MGR	(X) Delete
Name:	WELKE, THOMAS E	
Address:	3333 BEVERLY ROAD	
City-St-Zip:	HOFFMAN ESTATES, IL 60179	
Title:	MGR	(X) Delete
Name:	GEORGES, GEORGEANN	
Address:	3333 BEVERLY ROAD	
City-St-Zip:	HOFFMAN ESTATES, IL 60179	
Title:	MGR	(X) Delete
Name:	MCMANNS, GREGG	
Address:	3333 BEVERLY ROAD	
City-St-Zip:	HOFFMAN ESTATES, IL 60179	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	WELKE, THOMAS F	
Address:	3333 BEVERLY ROAD	
City-St-Zip:	HOFFMAN ESTATES, IL 60179	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 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: MARK GOOD MGR 02/20/2006

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