2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# M02000000221

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
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	(X) Delete
Name:	GOOD, MARK	
Address:	3333 BEVERLY ROAD	
City-St-Zip:	HOFFMAN ESTATES, IL 60179	
Title:	MGR	( ) Delete
Name:	PIGOTT, JOHN	
Address:	3333 BEVERLY ROAD	
City-St-Zip:	HOFFMAN ESTATES, IL 60179	
Title:	MGR	( ) Delete
Name:	TRACH, JOAN	
Address:	3333 BEVERLY ROAD	
City-St-Zip:	HOFFMAN ESTATES, IL 60179	
Title:	MGR	(X) Delete
Name:	VANDERHOFF, ROBERT	
Address:	3333 BEVERLY ROAD	
City-St-Zip:	HOFFMAN ESTATES, IL 60179	
Title:	MGR	( ) Delete
Name:	NELSON, KATHY	
Address:	WHIRLPOOL / 2000 N M63	
City-St-Zip:	BENTON HARBOR, MI 49002	
Title:	MGR	( ) Delete
Name:	CZANDERMA, KAREL	
Address:	WHIRLPOOL / 2000 N M63	
City-St-Zip:	BENTON HARBOR, MI 49002	

ADDITIONS/CHANGES:

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:	
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 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: JOHN PIGOTT MGR 01/27/2009

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