

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # M02000000278

1. Entity Name
ILS TECHNOLOGY LLC



Principal Place of Business
23000 EUCLID AVENUE
EUCLID, OH 44117

Mailing Address
23000 EUCLID AVENUE
EUCLID, OH 44117



04242007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1973058

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAWFORD, EDWARD F 23000 EUCLID AVE EUCLID, OH 44117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILSACK, ROBERT D 23000 EUCLID AVE EUCLID, OH 44117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOGARTY, PATRICK W 23000 EUCLID AVE EUCLID, OH 44117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLIOTT, RICHARD P 23000 EUCLID AVE EUCLID, OH 44117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAWFORD, MATTHEW V 23000 EUCLID AVE EUCLID, OH 44117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CESTARI, JOSEPH 23000 EUCLID AVE EUCLID, OH 44117

U00000734375
05/09/07-80124-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/24/07

Date

216-692-7200

Daytime Phone #