2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# M02000001070

Entity Name: BUELL DISTRIBUTION COMPANY, LLC

Current Principal Place of Business:

3700 WEST JUNEAU AVENUE
MILWAUKEE, WI 53208

New Principal Place of Business:

Current Mailing Address:

3700 WEST JUNEAU AVENUE
MILWAUKEE, WI 53208

New Mailing Address:

FEI Number: 04-3620640 **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:	MGRM	( ) Delete
Name:	ZIEMER, JAMES L	
Address:	3700 WEST JUNEAU AVENUE	
City-St-Zip:	MILWAUKEE, WI 53208	
Title:	MGRM	( ) Delete
Name:	FLICKINGER, JON R	
Address:	3700 WEST JUNEAU AVENUE	
City-St-Zip:	MILWAUKEE, WI 53208	
Title:	MGRM	( ) Delete
Name:	LIONE, GAIL A	
Address:	3700 WEST JUNEAU AVENUE	
City-St-Zip:	MILWAUKEE, WI 53208	
Title:	MGRM	( ) Delete
Name:	CALAWAY, TONIT M	
Address:	3700 WEST JUNEAU AVENUE	
City-St-Zip:	MILWAUKEE, WI 53208	
Title:	MGRM	( ) Delete
Name:	GLASSGOW, PERRY A	
Address:	3700 WEST JUNEAU AVENUE	
City-St-Zip:	MILWAUKEE, WI	
Title:	MGRM	( ) Delete
Name:	ROOKS, CYNTHIA A	
Address:	3700 WEST JUNEAU AVENUE	
City-St-Zip:	MILWAUKEE, WI 53208	

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: TONIT M. CALAWAY, ASSISTANT SECRETARY MGRM 02/03/2009

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