


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

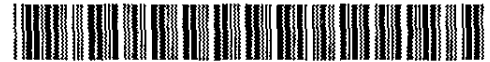
DOCUMENT # M02000001496

1. Entity Name
AMWARE PALLET SERVICES, LLC



| | |
|--|--|
| Principal Place of Business 331 METCALF ROAD, 2ND BUILDING, SUITE 7 AVON, CO 81620 | Mailing Address PO BOX 8370 AVON, CO 81620 |
|--|--|

DO NOT WRITE IN THIS SPACE



02062004 No Chg-LLC CR2E083 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 30-0079555 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$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**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WILHELM, MARK J 331 METCALF ROAD, 2ND BUILDING, SUITE 7 AVON, CO 81620 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SMITH, JIM 331 METCALF ROAD, 2ND BUILDING, SUITE 7 AVON, CO 81620 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date _____ Daytime Phone # _____