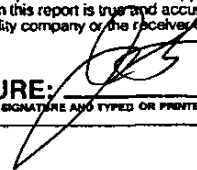


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/1

FILED
Aug 08, 2005 8:00 am
Secretary of State

07-11-2005 90043 032 ****55.00

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	
2. Principal Place of Business 936 CHAMBERS CT Suite, Apt. #, etc. A-11		3. Mailing Address PO Box 5259 Suite, Apt. #, etc.	
City & State EAGLE, CO		City & State EAGLE, CO	
Zip 81631-5259	Country USA	Zip 81631-5259	Country USA
4. FEI Number 30-0079555		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing)			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILHELM, MARK J 331 METCALF ROAD, 2ND BUILDING, SUITE 7 AVON, CO 81620 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILHELM, MARK J 936 CHAMBERS CT, A-A-11 EAGLE, CO 81631-5259 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, JIM 331 METCALF ROAD, 2ND BUILDING, SUITE 7 AVON, CO 81620 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, JIM 936 CHAMBERS CT, A-A-11 EAGLE, CO 81631-5259 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date		Daytime Phone #	