
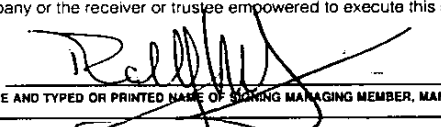


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90071 031 ****55.00

DOCUMENT # M02000001680					
1. Entity Name NEVAMAR COMPANY, LLC					
Principal Place of Business 130 MIDDLE STREET PORTLAND, ME 04101			Mailing Address 130 MIDDLE STREET PORTLAND, ME 04101		
2. Principal Place of Business 20 PROGRESS DRIVE		3. Mailing Address 20 PROGRESS DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SHELTON, CT		City & State SHELTON, CT		4. FEI Number 03-0459482	
Zip 06484		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEES, JAMES P 130 MIDDLE STREET PORTLAND, ME 04101	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERT J. MULLER 20 PROGRESS DR. SHELTON, CT 06484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCDONALD, DOUGLAS G 130 MIDDLE STREET PORTLAND, ME 04101	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DARREN GOLD FOUR EMBARCADERO CENTER, (STE.1900) SAN FRANCISCO, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDER, SAMUEL P 111 RADIO CIRCLE MT. KISCO, NY 10549	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNTER NELSON 8 GREENWAY PLAZA (STE. 706) HOUSTON, TX 77046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODWARD, GORDON H 111 RADIO CIRCLE MT. KISCO, NY 10549	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR J. RYAN CLARK FOUR EMBARCADERO CENTER (STE 1900) SAN FRANCISCO, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHNEIDER, RICHARD 130 MIDDLE STREET PORTLAND, ME 04101	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JEAN-PIERRE L. CONTE FOUR EMBARCADERO CENTER (STE 1900) SAN FRANCISCO, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				7-24-2006 203-925-1556	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	