

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90122 049 ****50.00

DOCUMENT # M02000001747

1. Entity Name
ASOMA, LLC



Principal Place of Business
7400 MESA DRIVE
HOUSTON, TX 77028

Mailing Address
555 STATE ROAD
BENSALEM, PA 19020

24003551



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0716130

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD, INC
103 N MERIDIAN ST
TALLAHASSEE, FL 32301

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

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BOWERS, C. ROBERT
STREET ADDRESS 555 STATE ROAD
CITY-ST-ZIP BENSALEM, PA 19020

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME HOFFMAN, MICHAEL H
STREET ADDRESS 737 N MICHIGAN AVENUE, SUITE 2010
CITY-ST-ZIP CHICAGO, IL 60641

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 888 SAN CLEMENTE DR., STE 250
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE MGR ☐ Delete
NAME O'TOOLE, RICHARD E
STREET ADDRESS 737 N MICHIGAN AVENUE, SUITE 2010
CITY-ST-ZIP CHICAGO, IL 60641

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 888 SAN CLEMENTE DR., STE 250
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: C Robert Bowers C. ROBERT BOWERS

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

1/15/04

Date

(215) 244-3290

Daytime Phone #