


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000002067</b> 1. Entity Name ATLAS INDUSTRIAL HOLDINGS LLC	
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Principal Place of Business 5275 SINCLAIR ROAD COLUMBUS, OH 43229	Mailing Address 5275 SINCLAIR ROAD COLUMBUS, OH 43229
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**DO NOT WRITE IN THIS SPACE**



04262007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 31-1589454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

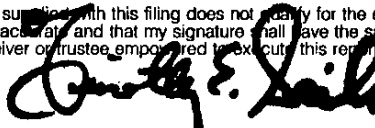
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAUB, PETER 5275 SINCLAIR RD COLUMBUS, OH 43229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GPDDARD, RANDALL 5275 SINCLAIR RD COLUMBUS, OH 43229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEILS, TIMOTHY 5275 SINCLAIR RD COLUMBUS, OH 43229
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05/16/07-80047-016 50.00

**DO NOT WRITE  
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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:**  Timothy Seils 4/26/07 614-841-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #