

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

07 MAY 09 AM 11:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M02000002901

**1. Entity Name
WESCO REAL ESTATE IV, LLC**



**Principal Place of Business
2325-B RENAISSANCE DRIVE, SUITE 10
LAS VEGAS, NV 89119**

**Mailing Address
225 WEST STATION SQ DR., STE 700
PITTSBURGH, PA 15219**



04202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
81-0576095**

**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**

**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 _____

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, 2007**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGR
NAME BRAILER, DANIEL A
STREET ADDRESS 225 WEST STATION SQUARE DRIVE, SUITE 700
CITY-ST-ZIP PITTSBURGH, PA 15219**

**TITLE MGR
NAME VAN OSS, STEPHEN A
STREET ADDRESS 225 WEST STATION SQUARE DRIVE, SUITE 700
CITY-ST-ZIP PITTSBURGH, PA 15219**

**TITLE MGR
NAME THALMAN, WILLIAM
STREET ADDRESS 225 WEST STATION SQUARE DRIVE, SUITE 700
CITY-ST-ZIP PITTSBURGH, PA 15219**

**TITLE MGR
NAME TILLMAN, CARRIE L
STREET ADDRESS 103 FOULK ROAD, SUITE 200
CITY-ST-ZIP WILMINGTON, DE 19803**

**TITLE MGR
NAME TUSSIE, CHERYL G
STREET ADDRESS 103 FOULK ROAD, SUITE 200
CITY-ST-ZIP WILMINGTON, DE 19803**

**TITLE MGR
NAME FUCHS, DONALD J
STREET ADDRESS 325 W. STATION SQUARE DR., SUITE 700
CITY-ST-ZIP PITTSBURGH, PA 15219**

**100103046311
05/23/07--01003--024 **250.00**

**DO NOT WRITE
IN THIS SPACE**

K. Eckel MAY 16 2007

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: _____

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

Date

Daytime Phone #