

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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



04142008No Chg-LLC

CR2E083 (12/07)

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BRAILER, DANIEL A 225 WEST STATION SQUARE DRIVE, SUITE 700 PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR VAN OSS, STEPHEN A 225 WEST STATION SQUARE DRIVE, SUITE 700 PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR THALMAN, WILLIAM 225 WEST STATION SQUARE DRIVE, SUITE 700 PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR TILLMAN, CARRIE L 103 FOULK ROAD, SUITE 200 WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR TUSSIE, CHERYL G 103 FOULK ROAD, SUITE 200 WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FUCHS, DONALD J 325 W. STATION SQUARE DR., SUITE 700 PITTSBURGH, PA 15219

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05/21/08-80133-005 277.50

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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: _____

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

Date

Daytime Phone #