

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90137 001 ***100.00

DOCUMENT # M02000003101

1. Entity Name

WESCO REAL ESTATE III, LLC



Principal Place of Business

2325 B RENAISSANCE DR., STE 10
LAS VEGAS, NV 89119

Mailing Address

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

30011109



08152005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

14-1855122

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BRAILER, DANIEL A
STREET ADDRESS 225 W. STATION SQUARE DR., STE. 700
CITY-ST-ZIP PITTSBURGH, PA 15219

TITLE MGR
NAME VAN OSS, STEPHEN A
STREET ADDRESS 225 W. STATION SQUARE DR., STE. 700
CITY-ST-ZIP PITTSBURGH, PA 15219

TITLE MGR
NAME THALMAN, WILLIAM
STREET ADDRESS 225 W. STATION SQUARE DR., STE. 700
CITY-ST-ZIP PITTSBURGH, PA 15219

TITLE MGR
NAME TILLMAN, CARRIE L
STREET ADDRESS 103 FOULK RD., STE. 200
CITY-ST-ZIP WILMINGTON, DE 19803

TITLE MGR
NAME TUSSIE, CHERYL GREGGO
STREET ADDRESS 103 FOULK ROAD, STE. 200
CITY-ST-ZIP WILMINGTON, DE 19803

TITLE MGR
NAME FUCHS, DONALD J
STREET ADDRESS 225 W. STATION SQUARE DR. STE 700
CITY-ST-ZIP PITTSBURGH, PA 15219

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

Donald J Fuchs **Donald J Fuchs** 8/3/05 (912) 454-2228