2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M03000000540

1. Entity Name

HARRINGTON INDUSTRIAL PLASTICS LLC



FILED Apr 26, 2005 08:00 AM Secretary of State

Principal Place of Business

14480 YORBA AVE. CHINO, CA 91710

Mailing Address

14480 YORBA AVE. CHINO, CA 91710



CR2E083 (10/03)

4. FEI Number 95-2752402

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

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			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, 2005			
9.	MANAGING MEMBERS/MANAGERS		The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCOLLUM, WILLIAM 5057 BERYL ST. ALTO LOMA, CA 91701		UDD000331925
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROHR, CHARLES 1821 MAYWOOD CT UPLAND, CA 91784		— 04/26/05-80038-004 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		THE TOTAL	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		 	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS		·-·	

11. I hereby certify that the information supplied with this filling 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 received or trustee empowered to execute his report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

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