

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000681

FILED
Apr 13, 2009
Secretary of State

Entity Name: CPRE-1 ALD, L.L.C.

Current Principal Place of Business:

6011 CONNECTION DRIVE
IRVING, TX 75039 US

New Principal Place of Business:

Current Mailing Address:

6011 CONNECTION DRIVE
ATTN: LEGAL DEPT.
IRVING, TX 75039 US

New Mailing Address:

6011 CONNECTION DRIVE
IRVING, TX 75039 US

FEI Number: 37-1455605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCESNEY, JOSEPHINE VPT
Address: 85 BROAD ST.
City-St-Zip: NEW YORK, NY 10004

Title: MGRP () Delete
Name: ROTHENBERG, STUART M
Address: 85 BROAD STREET
City-St-Zip: NEW YORK, NY 10004

Title: VP () Delete
Name: BROOKS, ADAM J
Address: 85 BROAD ST
City-St-Zip: NEW YORK, NY 10004

Title: AS () Delete
Name: BARGER, RON K
Address: 6011 CONNECTION DRIVE
City-St-Zip: IRVING, TX 75039

Title: MGR (X) Delete
Name: CRAMER, BRAHM S
Address: 85 BROAD STREET
City-St-Zip: NEW YORK, NY 10004

Title: MGR (X) Delete
Name: KAVA, ALAN S
Address: 85 BROAD STREET
City-St-Zip: NEW YORK, NY 10004

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCESNEY, JOSEPHINE M
Address: 85 BROAD STREET, 10TH FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: MGR (X) Change () Addition
Name: CRAMER, BRAHM S
Address: 85 BROAD STREET, 10TH FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: MGR (X) Change () Addition
Name: KAVA, ALAN S
Address: 85 BROAD STREET, 10TH FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPHINE M SCESNEY

MGR

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date