2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M03000001015

1. Entity Name
LAPP INSULATOR COMPANY, LLC

Principal Place of Business	Mailing Address
130 GILBERT ST.	130 GILBERT ST.
LEROY, NY 14482	LEROY, NY 14482

DO NOT WRITE IN THIS SPACE

01092004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
16-1242551	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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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, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ERKAN, YAVUZ
STREET ADDRESS	55 MEADOW COVE ROAD
CITY-ST-ZIP	PITTSFORD, NY 14534
TITLE	MGRM
NAME	HURSHMAN, JOHN 7
STREET ADDRESS	70 OTTER ISLAND ROAD
CITY-ST-ZIP	JOHN'S ISLAND, SC 29455
TITLE	MGRM
NAME	JOHNSON, ROBERT
STREET ADDRESS	82 QUAIL LANE
CITY-ST-ZIP	ROCHESTER, NY 14624
TITLE	MGRM
NAME	PLOTKIN, ALAN
STREET ADDRESS	20 W 86TH STREET
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	MGRM
NAME	STACHURA, MICHAEL
STREET ADDRESS	49 DEVONWOOD LANE
CITY-ST-ZIP	PITTSFORD, NY 14534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/04-80077-009 50.00

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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: _Michael J. Stachura_ _____ 1/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #