

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001500

Entity Name: XL ADHESIVES, LLC

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

1300 TIARCO DRIVE
DALTON, GA 30721

New Principal Place of Business:

Current Mailing Address:

1300 TIARCO DRIVE
DALTON, GA 30721

New Mailing Address:

FEI Number: 74-3031734

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: HOWALT, F. HARVEY JR
Address: 1300 TIARCO DRIVE
City-St-Zip: DALTON, GA 30721

Title: MGR () Delete
Name: TAYLOR, RAY
Address: 1300 TIARCO DRIVE
City-St-Zip: DALTON, GA 30721

Title: MGR () Delete
Name: COFFEY, THOMAS O
Address: 237 NANCE ROAD
City-St-Zip: CALHOUN, GA 30701

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: HORTON, CHRISTOPHER J
Address: 1300 TIARCO DRIVE
City-St-Zip: DALTON, GA 30721

Title: MGR (X) Change () Addition
Name: HOWALT, FREDERICK H III
Address: 1400 TIARCO DR
City-St-Zip: DALTON, GA 30721

I hereby certify that the information supplied with this filing does not qualify for the 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: F HARVEY HOWALT

MGR

01/05/2006

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