

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001642

FILED
Mar 28, 2006
Secretary of State

Entity Name: ICOS TECHNOLOGY SERVICES LLC

Current Principal Place of Business:

4948 145TH STREET
MIDLOTHIAN, IL 60452

New Principal Place of Business:

Current Mailing Address:

4948 145TH STREET
MIDLOTHIAN, IL 60452

New Mailing Address:

FEI Number: 74-3036793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: CLARK, PAUL N
Address: 22021 20TH AVENUE SE
City-St-Zip: BOTHELL, WA 98021

Title: MGR () Delete
Name: WILCOX, GARY L PHD
Address: 22021 20TH AVENUE SE
City-St-Zip: BOTHELL, WA 98021

Title: MGR () Delete
Name: STEIN, MICHAEL A PHD.
Address: 22021 20TH AVENUE SE
City-St-Zip: BOTHELL, WA 98021

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: STEIN, MICHAEL A
Address: 22021 20TH AVENUE SE
City-St-Zip: BOTHELL, WA 98021

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: MICHAEL A. STEIN

MR.

03/28/2006

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