

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002954

FILED
Feb 22, 2007
Secretary of State

Entity Name: VECTOR CONTROL SOLUTIONS, LLC

Current Principal Place of Business:

2800 S. FINANCIAL CT.
SANFORD, FL 32773

New Principal Place of Business:

550 AERO LN
SANFORD, FL 32771 US

Current Mailing Address:

2800 S. FINANCIAL CT.
SANFORD, FL 32773

New Mailing Address:

550 AERO LN
SANFORD, FL 32771 US

FEI Number: 05-0576681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLDRIDGE, ALLEN W JR
C/O ADAPCO, INC.
2800 S. FINANCIAL CT.
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

WOOLDRIDGE, ALLEN W
C/O ADAPCO, INC.
550 AERO LN
SANFORD, FL 32771 US

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: ALLEN W WOOLDRIDGE

02/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADAPCO, INC.,
Address: 2800 S. FINANCIAL CT.
City-St-Zip: SANFORD, FL 32773

Title: MGRM () Delete
Name: AST, INC.,
Address: 23 HILLSIDE DRIVE
City-St-Zip: WINNEBAGO, MN 56098

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ADAPCO, INC.,
Address: 550 AERO LN
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM (X) Change () Addition
Name: AST, INC.,
Address: 550 AERO LN
City-St-Zip: SANFORD, FL 32771 US

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: ALLEN W WOOLDRIDGE

PD

02/22/2007

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