2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90204 029 ****50.00

DOCUMENT # M03000003404

1. Entity Name
PST PRODUCTS, LLC

Principal Place of Business	Mailing Address
~~2840 MT. WILKINSON PKWY~~ ~~ATLANTA, GA 30339~~	~~2840 MT. WILKINSON PKWY~~ ~~ATLANTA, GA 30339~~

2. Principal Place of Business	3. Mailing Address
1145 Sanctuary Park	1145 Sanctuary Pkwy.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Alpharetta, GA	City & State Alpharetta, GA
Zip 30004 Country USA	Zip 30004 Country USA

01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number
94-2895826
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PEAD, PHILIP M ~~2840 MT. WILKINSON PKWY~~ ~~ATLANTA, GA 30339~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Pead, Philip M. 1145 Sanctuary Pkwy, Suite 200 Alpharetta, GA 30004	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jordan, Philip J. 1145 Sanctuary Pkwy., Suite 200 Alpharetta, GA 30004	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP & CTO Perkins, Chris E. 1145 Sanctuary Pkwy., Suite 200 Alpharetta, GA 30004	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTO Bornstein, Eric A. 1145 Sanctuary Pkwy., Suite 200 Alpharetta, GA 30004	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP, General Counsel & Secretary Quiner, Paul J. 1145 Sanctuary Pkwy., Suite 200 Alpharetta, GA 30004	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Lesinski, Carol D. 1145 Sanctuary Pkwy, Suite 200 Alpharetta, GA 30004	☐ Change ☒ Addition

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: Robert O. Jones Asst. Secretary 1/28/05 (770) 237-7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #