2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# M03000003404

Entity Name: PST PRODUCTS, LLC

Current Principal Place of Business:

1145 SANCTURY PARK
SUITE 200
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

1145 SANCTURY PARK
SUITE 200
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: 94-2895826 **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:	PEAD, PHILIP M	
Address:	1145 SANCTURY PARK, SUITE 200	
City-St-Zip:	ALPHARETTA, GA 30004	
Title:	P	( ) Delete
Name:	JORDAN, PHILIP J	
Address:	1145 SANCTURY PARK, STE 200	
City-St-Zip:	ALPHARETTA, GA 30004	
Title:	VC	( ) Delete
Name:	PERKINS, CHRIS E	
Address:	1145 SANCTURY PARK, STE 200	
City-St-Zip:	ALPHARETTA, GA 30004	
Title:	SV	( ) Delete
Name:	QUINER, PAUL J	
Address:	1145 SANCTURY PARK, STE 200	
City-St-Zip:	ALPHARETTA, GA 30004	
Title:	T	( ) Delete
Name:	LESHYNSKI, CARYN D	
Address:	1145 SANCTURY PARK, STE 200	
City-St-Zip:	ALPHARETTA, GA 30004	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	STRAUB, KARL	
Address:	1145 SANCTURY PARK, STE 200	
City-St-Zip:	ALPHARETTA, GA 30004	
Title:	EVP	(X) Change ( ) Addition
Name:	PERKINS, CHRIS E	
Address:	1145 SANCTURY PARK, STE 200	
City-St-Zip:	ALPHARETTA, GA 30004	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AS	( ) Change (X) Addition
Name:	JONES, ROBERT Q JR	
Address:	1145 SANCTUARY PARKWAY, SUITE 200	
City-St-Zip:	ALPHARETTA, GA 30004	

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: ROBERT Q. JONES, JR. AS 01/18/2007

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