

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003404

FILED
May 08, 2008
Secretary of State

Entity Name: PST PRODUCTS, LLC

Current Principal Place of Business:

1145 SANCTURY PARK
SUITE 200
ALPHARETTA, GA 30004

New Principal Place of Business:

5995 WINDWARD PARKWAY
ALPHARETTA, GA 30005

Current Mailing Address:

1145 SANCTURY PARK
SUITE 200
ALPHARETTA, GA 30004

New Mailing Address:

ONE POST STREET, ATTN: MELISSA WU
35TH FLOOR
SAN FRANCISCO, CA 94104

FEI Number: 94-2895826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 (X) Delete
Name: STRAUB, KARL
Address: 1145 SANCTURY PARK, STE 200
City-St-Zip: ALPHARETTA, GA 30004

Title: EVP (X) Delete
Name: PERKINS, CHRIS E
Address: 1145 SANCTURY PARK, STE 200
City-St-Zip: ALPHARETTA, GA 30004

Title: SV (X) Delete
Name: QUINER, PAUL J
Address: 1145 SANCTURY PARK, STE 200
City-St-Zip: ALPHARETTA, GA 30004

Title: T (X) Delete
Name: LESHYNSKI, CARYN D
Address: 1145 SANCTURY PARK, STE 200
City-St-Zip: ALPHARETTA, GA 30004

Title: AS (X) Delete
Name: JONES, ROBERT Q JR
Address: 1145 SANCTUARY PARKWAY, SUITE 200
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOGAN, WILLIE C
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIE C. BOGAN

MGR

05/08/2008

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