2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003404

Entity Name: PST PRODUCTS, LLC

City-St-Zip:

FILED May 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5995 WINDWARD PARKWAY ALPHARETTA, GA 30005 **Current Mailing Address: New Mailing Address:** ONE POST STREET, ATTN: KAREN PINEDA ONE POST STREET, ATTN: MELISSA WU 35TH FLOOR 35TH FLOOR SAN FRANCISCO, CA 94104 SAN FRANCISCO, CA 94104 FEI Number: 94-2895826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BOGAN, WILLIE C Name: Name: ONE POST STREET Address: Address: City-St-Zip: SAN FRANCISCO, CA 94104 City-St-Zip: Title: Title: () Change (X) Addition () Delete AS Name: Name: PINEDA, KAREN Address: Address: ONE POST ST. City-St-Zip: City-St-Zip: SAN FRANCISCO, CA 94104 Title: () Delete Title: AS () Change (X) Addition WU, MELISSA Name: Name: Address: Address: ONE POST ST. City-St-Zip: City-St-Zip: SAN FRANCISCO, CA 94104 Title: () Delete Title: AS () Change (X) Addition Name: Name: SHUFORD, ANNE ONE POST STREET Address: Address: City-St-Zip: City-St-Zip: SAN FRANCISCO, CA 94104 Title: () Delete Title: () Change (X) Addition LOIACONO, NICHOLAS Name: Name: ONE POST STREET Address: Address:

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.

City-St-Zip:

SAN FRANCISCO, CA 94104

SIGNATURE: KAREN M. PINEDA AS 05/04/2009