## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M03000004257

Entity Name: NARCAT LLC

FILED Apr 28, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 480 WEST DUSSEL DRIVE, SUITE R MAUMEE, OH 435370119 **Current Mailing Address: New Mailing Address:** 480 WEST DUSSEL DRIVE, SUITE R MAUMEE, OH 435370119 FEI Number: 37-1482188 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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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/MEMBERS: ADDITIONS/CHANGES:** () Change () Addition () Delete SHAH, RASESH H Name: Name: 480 WEST DUSSEL DRIVE, SUITE R Address: Address: City-St-Zip: MAUMEE, OH 435370119 City-St-Zip: Title: MGR Title: (X) Change ( ) Addition ( ) Delete MGR CONRAD, NICHAOLAS C Name: GEORGE, RICHARD R Name: Address: 480 WEST DUSSEL DRIVE, SUITE R Address: 480 WEST DUSSEL DRIVE, SUITE R City-St-Zip: MAUMEE, OH 435370119 City-St-Zip: MAUMEE, OH 435370119 Title: MGR () Delete Title: () Change () Addition BURNS, KEVIN P Name: Name: 445 BROAD HOLLOW ROAD, SUITE 239 Address: Address: City-St-Zip: MELVILLE, NY 11747 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition MCCREARY, ROBERT G Name: Name: Address: 3169 TOPPING LANE Address: City-St-Zip: HUNTING VALLEY, OH 44022 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition MUELLER, JOHN M Name: Name: 19513 SHAKER BLVD. Address: Address: City-St-Zip: SHAKER HEIGHTS, OH 44122 City-St-Zip: Title: (X) Delete Title: () Change () Addition DVID. MICHAEL J Name: Name: Address: 4412 REGAL DRIVE Address: COPLEY, OH 44321 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RASESH H SHAH MGR 04/28/2004