

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M04000000643

FILED
May 01, 2008
Secretary of State

Entity Name: WALKER CENTRIFUGE SERVICES, LLC

Current Principal Place of Business:

516 B GRAVES BLVD
SALINA, KS 67401

New Principal Place of Business:

516 GRAVES BLVD
SALINA, KS 67401

Current Mailing Address:

516 B GRAVES BLVD
SALINA, KS 67401

New Mailing Address:

516 GRAVES BLVD
SALINA, KS 67401

FEI Number: 20-0184811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: WALKER, CHARLES W
Address: 500 GRAVES BLVD.
City-St-Zip: SALINA, KS 67401

Title: MGR () Delete
Name: WALKER, TRACE E.
Address: 500 GRAVES BLVD.
City-St-Zip: SALINA, KS 67401

Title: MGR (X) Delete
Name: WALKER, MICHAEL B
Address: 500 GRAVES BLVD.
City-St-Zip: SALINA, KS 67401

Title: MGR (X) Delete
Name: SODERBERG, MORRIE J
Address: 500 GRAVES BLVD.
City-St-Zip: SALINA, KS 67401

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WALKER, CHARLES W
Address: 516 GRAVES BLVD
City-St-Zip: SALINA, KS 67401

Title: MGR (X) Change () Addition
Name: WILLIAMSON, BRETT M
Address: 516 GRAVES BLVD
City-St-Zip: SALINA, KS 67401

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: SUSAN HUNNACUTT

VP

05/01/2008

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