2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000000958

1. Entity Name
DAW TECHNOLOGIES, LLC

Principal Place of Business	Mailing Address
1600 WEST 2200 SOUTH #201 SALT LAKE CITY, UT 84119-1495	1600 WEST 2200 SOUTH #201 SALT LAKE CITY, UT 84119-1495

DO NOT WRITE IN THIS SPACE

01282005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0480877
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COLLINS, JAMES C
STREET ADDRESS	1600 WEST 2200 SOUTH #201
CITY-ST-ZIP	SALT LAKE CITY, UT 841191495
TITLE	MGR
NAME	GAY, ROBERT C
STREET ADDRESS	1600 WEST 2200 SOUTH #201
CITY-ST-ZIP	SALT LAKE CITY, UT 841191495
TITLE	MGR
NAME	STEVENSON, GARY
STREET ADDRESS	1600 WEST 2200 SOUTH #201
CITY-ST-ZIP	SALT LAKE CITY, UT 841191495
TITLE	MGRM
NAME	WATTERSON, SCOTT
STREET ADDRESS	1600 WEST 2200 SOUTH #201
CITY-ST-ZIP	SALT LAKE CITY, UT 841191495
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 2/10/05 801 977-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #