## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M04000000958

Entity Name: DAW TECHNOLOGIES, LLC

SALT LAKE CITY, UT 84101

City-St-Zip:

FILED Apr 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1600 WEST 2200 SOUTH #201 SALT LAKE CITY, UT 841191495 **Current Mailing Address: New Mailing Address:** 1600 WEST 2200 SOUTH #201 SALT LAKE CITY, UT 841191495 FEI Number: 20-0480877 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: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE STE 4 WESTON, FL 33331 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 COLLINS, JAMES C Name: Name: 1600 WEST 2200 SOUTH #201 Address: Address: City-St-Zip: **SALT LAKE CITY, UT 841191495** City-St-Zip: Title: MGR Title: ( ) Delete () Change () Addition GAY, ROBERT C Name: Name: Address: 1600 WEST 2200 SOUTH #201 Address: City-St-Zip: **SALT LAKE CITY, UT 841191495** City-St-Zip: Title: MGR () Delete Title: () Change () Addition STEVENSON, GARY Name: Name: Address: 1600 WEST 2200 SOUTH #201 Address: City-St-Zip: **SALT LAKE CITY, UT 841191495** City-St-Zip: Title: MGRM Title: () Change () Addition ( ) Delete Name: WATTERSON, SCOTT Name: Address: 1600 WEST 2200 SOUTH #201 Address: City-St-Zip: **SALT LAKE CITY, UT 841191495** City-St-Zip: Title: MGR () Delete Title: () Change () Addition ORR, ROBERT Name: Name: 8781 FALCON HIEGHTS LANE Address: Address: City-St-Zip: COTTONWOOD HEIGHTS, UT 84093 City-St-Zip: Title: () Delete Title: () Change () Addition BALLARD, CRAIG B Name: Name: Address: 90 SOUTH 400 WEST #200 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:

SIGNATURE: JAMES C COLLINGS CEO 04/22/2009