#30. W

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

		ANNUAL				FIFE	h					
DOCU 1. Entity Nam INVISTA	ne	# M0400001	026	j.d			(SECRE DIVISION (05 FEB	TARY COR	D OF STATE RPORATION M 10: 25	S	
Principal Place 4501 CHARL CHARLOTTE,	OTTE PARK NC 28217	DRIVE 1979	Mailing Address 4501 CHARLOTTE PARK DRIVE CHARLOTTE, NC 28217-1979				/ > 			A PART OF THE PART	11	
2. Principal F 4123 E		ess St. North	3. Mailing Address 4123 E. 37th St. North									
Suite, Apt.	#, etc.	i	Suite, Apt. #, etc.			012	272005	Chg-LLC	CF	R2E083 (10/03)		
City & State Wichita, KS			City & State Wichita, KS				4. FEI Number Applied For 98-0196061 Not Applicable					
Zip 67220	· '		Zip Count 67220		try USA	5. (Certificate	of Status Desire	ed 🗆	\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)							
7 E.W. W.												
·						City FL Zip Code						
	e named entit tions of regist		the purpose of changing its	registere	ed office or r	egistered ag	ent, or bot	h, in the State o	f Florida. I	I am familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent an	od title if applicable. (NOTE	: Registere	d Agent signature	required when re	instating)		D	ATE		
	lling Fee l ue by Ma			Make check payable to Florida Department of State								
9.		MANAGING MEMBER	S/MANAGERS	10.			l_	ADDITIO	NS/CHAN	IGES		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	GREGORY, GEORGE B 15710 JOHN F. KENNEDY BLVD.				· I	Crai	Manager Craig Munson 4123 E. 37th St. North, Wic				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUFFY, STEPHEN W 15710 JOHN F. KENNEDY BLVD. HOUSTON, TX 77032			TITLE NAM STRE		Manage Jay Ve 4123 l	er oncant	non th St. N		☐ Change	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR -MOELLER, JOSEPH W				- 1		Wichita, KS 67220 ☐ Change ☐ Addit					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, who have	, 10 07220	☐ Delete	TITLE NAM STRE	:	**************************************				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAM STRE	:					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i i				1 - 103 4044	☐ Change	☐ Addition	
indicated	on this repo ability compa	rt is true and accurate and the receiver or trustee	this filling does not qualify for hat my signature shall have empowered to execute this	the same report as	e legal effect required by	as if made u Chapter 600	inder oath 3, Florida S	that I am a ma	anaging m	ember or manage	er of the	
	SIGNATURE :	AND TYPED OF PRINTED NAME OF	SIGNING MANAGING MEMBER, MAÏ	NAGER, Off	AUTHORIZED R	REPHESENTATIV	Ľ	' Uate		Daytime Phone #	ľ	