

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90046 012 ***138.75

DOCUMENT # M04000001062

1. Entity Name
ACE GLOBAL DISTRIBUTION LLC



Principal Place of Business
**1201 HAYS STREET
TALLAHASSEE, FL 32301**

Mailing Address
**2200 KENSINGTON COURT
OAK BROOK, IL 60523**

60030200



04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1691249

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE **P**
NAME **ARMSTRONG, MURRAY**
STREET ADDRESS **2200 KENSINGTON COURT**
CITY-ST-ZIP **OAK BROOK, IL 60523**

TITLE **V**
NAME **COLLINS, ROBERT H**
STREET ADDRESS **2200 KENSINGTON COURT**
CITY-ST-ZIP **OAK BROOK, IL 60523**

TITLE **T**
NAME **-TING, PETER M**
STREET ADDRESS **2200 KENSINGTON CT**
CITY-ST-ZIP **OAK BROOK, IL 60523**

TITLE **S**
NAME **MCGIVERN, ARTHUR**
STREET ADDRESS **2200 KENSINGTON COURT**
CITY-ST-ZIP **OAK BROOK, IL 60523**

TITLE **AS**
NAME **BROWNING, JULIE A**
STREET ADDRESS **2200 KENSINGTON COURT**
CITY-ST-ZIP **OAK BROOK, IL 60523**

TITLE **AS**
NAME **IMAHORI, BRIAN**
STREET ADDRESS **2200 KENSINGTON COURT**
CITY-ST-ZIP **OAK BROOK, IL 60523**

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/08

630-990-6600