

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000001062

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** ACE GLOBAL DISTRIBUTION LLC

**Current Principal Place of Business:**

1201 HAYS STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

2200 KENSINGTON COURT  
OAK BROOK, IL 60523

**New Mailing Address:**

**FEI Number:** 16-1691249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: VP  
Name: GARCIA, ANGEL  
Address: 2200 KENSINGTON COURT  
City-St-Zip: OAK BROOK, IL 60523

Title: V  
Name: COLLINS, ROBERT H  
Address: 2200 KENSINGTON COURT  
City-St-Zip: OAK BROOK, IL 60523

Title: T  
Name: TING, PETER M  
Address: 2200 KENSINGTON CT  
City-St-Zip: OAK BROOK, IL 60523

Title: AS  
Name: KORANDA, KENNETH  
Address: 2200 KENSINGTON COURT  
City-St-Zip: OAK BROOK, IL 60523

Title: AS  
Name: BROWNING, JULIE A  
Address: 2200 KENSINGTON COURT  
City-St-Zip: OAK BROOK, IL 60523

Title: AS  
Name: IMAHORI, BRIAN  
Address: 2200 KENSINGTON COURT  
City-St-Zip: OAK BROOK, IL 60523

I hereby 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: PETER M. TING

T

03/30/2010

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