

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001454

FILED  
Jan 24, 2008  
Secretary of State

Entity Name: LATERRA, LLC

**Current Principal Place of Business:**

824 MARKET STREET, SUITE 900  
WILMINGTON, DE 19081

**New Principal Place of Business:**

**Current Mailing Address:**

824 MARKET STREET, SUITE 900  
WILMINGTON, DE 19081

**New Mailing Address:**

FEI Number: 20-0982917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: P ( ) Delete  
Name: RAHUBA, BARTLEY J  
Address: 330 GRANT ST SUITE 1900  
City-St-Zip: PITTSBURGH, PA 15219

Title: VP ( ) Delete  
Name: HEAD, DAVID E JR.  
Address: 18300 SCENIC HIGHWAY 98, SUITE B  
City-St-Zip: FAIR HOPE, AL 36564

Title: VP ( ) Delete  
Name: LEFFARD, DAVID CFO  
Address: P.O. BOX 230  
City-St-Zip: POINT CLEAR, AL 36564

Title: VP ( ) Delete  
Name: POLIUK, MARK M  
Address: 330 GRANT ST; STE 1900  
City-St-Zip: PITTSBURGH, PA 15219

Title: VP ( ) Delete  
Name: PETAK, JOSEPH G  
Address: 330 GRANT ST SUITE 1900  
City-St-Zip: PITTSBURGH, PA 15219

Title: S ( ) Delete  
Name: RILEY, CAROL J  
Address: 330 GRANT ST SUITE 1900  
City-St-Zip: PITTSBURGH, PA 15219

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: POLJAK, MARK M  
Address: 330 GRANT ST; STE 1900  
City-St-Zip: PITTSBURGH, PA 15219

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MARK M. POLJAK

VP

01/24/2008

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