

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002147

FILED  
Jul 12, 2005  
Secretary of State

Entity Name: IMPACT OFFICE PRODUCTS, LLC

**Current Principal Place of Business:**

2307 VALRICO FOREST DRIVE  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

2307 VALRICO FOREST DRIVE  
VALRICO, FL 33594

**New Mailing Address:**

FEI Number: 61-1435443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

TAYLOR, JAMES  
2307 VALRICO FOREST DRIVE  
VALRICO, FL 33594      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: MGRM ( ) Delete  
Name: IMPACT OFFICE PRODUC, TS OF WASHINGT O N, INC  
Address: 5640-J SUNNYSIDE AVENUE  
City-St-Zip: BELTSVILLE, MD 20705

Title: MGRM ( ) Delete  
Name: GEORGE W. ALLEN CO.,, INC.  
Address: 5640-J SUNNYSIDE AVENUE  
City-St-Zip: BELTSVILLE, MD 20705

**ADDITIONS/CHANGES:**

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 for the exemption stated in Section 119.07(3)(i), 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: JOSH HUBER

MR.

07/12/2005

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