

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90038 007 ****50.00



DOCUMENT # M05000000031

1. Entity Name
 INTERNATIONAL PAINT LLC

Principal Place of Business
 6001 ANTOINE DRIVE
 HOUSTON, TX 77091

Mailing Address
 525 W. VAN BUREN ST.
 CHICAGO, IL 60607

40055420



DO NOT WRITE IN THIS SPACE

04112006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 61-0310940	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GHOSH, ARABINDA 6001 ANTOINE DRIVE HOUSTON, TX 77091
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JONES, EIFION 6001 ANTOINE DRIVE HOUSTON, TX 77091
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLEETWOOD, KEVIN 1 E. WATER STREET WAUKEGAN, IL 60085
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUCCHESI, JANICE L 525 WEST VAN BUREN STREET6 CHICAGO, IL 606073823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCUDDER, CHARLES S.K. 7 LIVINGSTONE AVENUE DOBBS FERRY, NY 105222222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: James Jackson 4-17-06 312-544-7078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #