
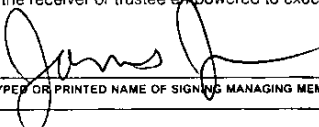


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90076 002 ***138.75

DOCUMENT # M05000000031					
1. Entity Name INTERNATIONAL PAINT LLC					
Principal Place of Business 6001 ANTOINE DRIVE HOUSTON, TX 77091		Mailing Address 525 WEST VAN BUREN ST CHICAGO, IL 60607			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 61-0310940	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHOSH, ARABINDA		NAME	Ian Walton	
STREET ADDRESS	6001 ANTOINE DRIVE		STREET ADDRESS	6001 Antoine Dr.	
CITY-ST-ZIP	HOUSTON, TX 77091		CITY-ST-ZIP	HOUSTON, TX 77091	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, EIFION		NAME		
STREET ADDRESS	6001 ANTOINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77091		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCCHESI, JANICE L		NAME		
STREET ADDRESS	525 WEST VAN BUREN STREET6		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 606073823		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCUDDER, CHARLES S.K.		NAME		
STREET ADDRESS	7 LIVINGSTONE AVENUE		STREET ADDRESS	120 White Plains Rd, Suite 300	
CITY-ST-ZIP	DOBBS FERRY, NY 105222222		CITY-ST-ZIP	Tarrytown, NY	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, JOHN		NAME		
STREET ADDRESS	1 E. WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	WAUKEGAN, IL 60085		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 J. JACKSON 2/4/08 (362) 544-7078			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	