FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90068 039 ****50.00

ANNUAL REPORT									
DOCUMENT # M0500001278 1. Entity Name									

1. Entity Name MARK IV GLOBAL PURCHASING, LLC				-	05-01-2006 90	JU68 U39	30.0	00	
501 JOHN JAI	rincipal Place of Business O1 JOHN JAMES AUDUBON PARKWAY MHERST, NY 14228 Mailing Address 501 JOHN JAMES AUDUBON PARKWAY AMHERST, NY 14228			4 I OR IZENI (() 1	18181 BUH BBHM BBMM 18111		IF u ri I vur i I r II		
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04072006	Chg-LLC	CR2E083	(11/05)	
City & State City		City & State	City & State			1-06658	273		plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		5.00 Addi e Required	
	6. Name and Address of Current F	Registered Agent	Name		7. Name and	Address of New Re	gistered Age	ent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL. 33324		Street Address (P.O. Box Number is Not Acceptable)							
			City	FL Zip Code					
	named entity submits this statement for tions of registered agent.	the purpose of changing its req	gistered office	or register	ed agent, or both	i, in the State of Flor	ida. I am fam	iliar with, a	and accept
SIGNATURE :	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE: Ri	Registered Agent sign	nature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006							check pay Departmen		
9.	MANAGING MEMBER		10.			ADDITIONS/			
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGRM Delete TITL MARK IV INDUSTRIES, INC. S 501 JOHN JAMES AUDUBON PARKWAY AMHERST, NY 14228 CITY			1111011					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s soi An	wizs, Rich John Jan nherst, A	vard L mes Ad Aul JY 14228		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 501	L A ACA 11	MES ACCOUNT	n Pkwy		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	Steel SUI A	ie, Eduar Juhn Jan Jumberst,	nes Audubu NY 14229	27 184 PK 8] Change (いり・	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP					Change	☐ Addition
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 preserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date									