

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001956

FILED
Mar 06, 2007
Secretary of State

Entity Name: BUTLER ANIMAL HEALTH SUPPLY, LLC

Current Principal Place of Business:

5600 BLAZER PARKWAY
DUBLIN, OH 43017

New Principal Place of Business:

Current Mailing Address:

5600 BLAZER PARKWAY
DUBLIN, OH 43017

New Mailing Address:

FEI Number: 37-1507466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: BRAVO, FREDERICK
Address: 5600 BLAZER PARKWAY
City-St-Zip: DUBLIN, OH 43017 US

Title: MGR () Delete
Name: ALLEN, KIMBERLY
Address: 5600 BLAZER PARKWAY
City-St-Zip: DUBLIN, OH 43017 US

Title: MGR () Delete
Name: BAKER, SALLY
Address: 5600 BLAZER PARKWAY
City-St-Zip: DUBLIN, OH 43017

Title: MGR () Delete
Name: MCNEIL, LEO
Address: 5600 BLAZER PARKWAY
City-St-Zip: DUBLIN, OH 43017 US

Title: MGR () Delete
Name: VASQUEZ, KEVIN
Address: 5600 BLAZER PARKWAY
City-St-Zip: DUBLIN, OH 43017

Title: () Delete
Name:
Address:
City-St-Zip:

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

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

Title: MGRM () Change (X) Addition
Name: BUTLER ANIMAL HEALTH, HOLDING COMPANY, LLC
Address: 5600 BLAZER PARKWAY
City-St-Zip: DUBLIN, OH 43017

I hereby certify that the information supplied with this filing does not qualify for the 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: LEO E. MCNEIL

MGR

03/06/2007

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