# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 19, 2008**
**Secretary of State**

DOCUMENT# M05000001956

**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: | MGRM | ( ) Delete |
| Name: | BUTLER ANIMAL HEALTH, HOLDING COMPA N Y, LLC | |
| Address: | 5600 BLAZER PARKWAY | |
| City-St-Zip: | DUBLIN, OH 43017 | |

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

I hereby certify that the information supplied with this filing does not qualify 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: ERIC BOSSERMAN MGRM 03/19/2008

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