

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002130

Entity Name: FOOD TECH LLC

FILED
Jan 14, 2008
Secretary of State

Current Principal Place of Business:

2100 WASHINGTON ST.
HANOVER, MA 02339

New Principal Place of Business:

300 LEDGEWOOD PLACE
SUITE 100
ROCKLAND, MA 02370

Current Mailing Address:

2100 WASHINGTON STREET
HANOVER, MA 02339

New Mailing Address:

300 LEDGEWOOD PLACE
SUITE 100
ROCKLAND, MA 02370

FEI Number: 06-1525964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: HEFFERNAN, CLYDE L
Address: 2100 WASHINGTON ST.
City-St-Zip: HANOVER, MA

Title: MGR () Delete
Name: GOLDEN, MICHAEL R
Address: 2100 WASHINGTON ST.
City-St-Zip: HANOVER, MA

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HEFFERNAN, CLYDE L
Address: 300 LEDGEWOOD PLACE, SUITE 100
City-St-Zip: ROCKLAND, MA 02370

Title: MGR (X) Change () Addition
Name: GOLDEN, MICHAEL R
Address: 300 LEDGEWOOD PLACE, SUITE 100
City-St-Zip: ROCKLAND, MA 02370

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: CLYDE L. HEFFERNAN

MGR

01/14/2008

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