

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004358

FILED  
Feb 02, 2006  
Secretary of State

Entity Name: AEGIS METAL FRAMING, LLC

**Current Principal Place of Business:**

14515 NORTH OUTER FORTY, SUITE 110  
CHESTERFIELD, MO 630175746

**New Principal Place of Business:**

**Current Mailing Address:**

14515 NORTH OUTER FORTY, SUITE 110  
CHESTERFIELD, MO 630175746

**New Mailing Address:**

200 OLD WILSON BRIDGE ROAD  
ATTENTION: RHONDA MASSEY  
COLUMBUS, OH 43085

FEI Number: 71-0867159

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: WD VENTURES, INC.,  
Address: 500 GRANT STREET, SUITE 2226  
City-St-Zip: PITTSBURGH, PA 15219

Title: MGR ( ) Delete  
Name: MITEK, INC.,  
Address: 14515 NORTH OUTER FORTY, SUITE 300  
City-St-Zip: CHESTERFIELD, MO 630175746

**ADDITIONS/CHANGES:**

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 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: WD VENTURES, INC. BY JOHN S. CHRISTIE

MGR

02/02/2006

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