

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004590

Entity Name: SMITHS AEROSPACE LLC

FILED  
Apr 15, 2008  
Secretary of State

**Current Principal Place of Business:**

3290 PATTERSON AVE. SE  
GRAND RAPIDS, MI 49512

**New Principal Place of Business:**

**Current Mailing Address:**

3290 PATTERSON AVE. SE  
GRAND RAPIDS, MI 49512

**New Mailing Address:**

FEI Number: 38-2733944

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: MULLAN, STUART  
Address: 3290 PATTERSON AVE. SE  
City-St-Zip: GRAND RAPIDS, MI 49512

Title: MGR ( ) Delete  
Name: PAGE, PETER  
Address: 358 HALL AVENUE  
City-St-Zip: WALLINGFORD, CT 06492

Title: MGR ( ) Delete  
Name: BONNEAU, VIC  
Address: 740 EAST NATIONAL ROAD  
City-St-Zip: VANDALIA, OH 45377

Title: MGR ( ) Delete  
Name: HANDLER, DAVID  
Address: 1 NEUMANN WAY  
City-St-Zip: CINCINNATI, OH 45215

**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:

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: DAVID HANDLER

MGR

04/15/2008

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