

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005068

FILED
Jul 23, 2008
Secretary of State

Entity Name: AMERICAN CONSTRUCTION COMPANY, LLC

Current Principal Place of Business:

400 JORDAN ROAD
TROY, NY 12180

New Principal Place of Business:

300 JORDAN ROAD
TROY, NY 12180

Current Mailing Address:

400 JORDAN ROAD
TROY, NY 12180

New Mailing Address:

300 JORDAN ROAD
TROY, NY 12180

FEI Number: 02-0620906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UCCELLINI, CHARLES L
2237-D LARK CIRCLE WEST
PALM HARBOUR, FL 34684 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: UCCELLINI, WALTER
Address: 400 JORDAN ROAD
City-St-Zip: TROY, NY 12180

Title: MGR () Delete
Name: UCCELLINI, THOMAS
Address: 400 JORDAN ROAD
City-St-Zip: TROY, NY 12180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: UCCELLINI, WALTER
Address: 300 JORDAN ROAD
City-St-Zip: TROY, NY 12180

Title: MGR (X) Change () Addition
Name: UCCELLINI, THOMAS
Address: 300 JORDAN ROAD
City-St-Zip: TROY, NY 12180

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: WALTER UCCELLINI

MGRM

07/23/2008

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