2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# M05000006391

Entity Name: SAFELITE SOLUTIONS LLC

Current Principal Place of Business:

2400 FARMERS DRIVE
COLUMBUS, OH 43235

New Principal Place of Business:

Current Mailing Address:

2400 FARMERS DRIVE
COLUMBUS, OH 43235

New Mailing Address:

FEI Number: 56-2320299 **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:	MGRM	( ) Delete
Name:	WILSON, DAN H	
Address:	2400 FARMERS DRIVE	
City-St-Zip:	COLUMBUS, OH 43235	
Title:	MGRM	( ) Delete
Name:	HERRON, DOUGLAS A	
Address:	2400 FARMERS DRIVE	
City-St-Zip:	COLUMBUS, OH 43235	
Title:	MGRM	( ) Delete
Name:	FEENEY, THOMASS M	
Address:	2400 FARMERS DRIVE	
City-St-Zip:	COLUMBUS, OH 43235	
Title:	MGRM	( ) Delete
Name:	RANDOLPH, JAMES R	
Address:	2400 FARMERS DRIVE	
City-St-Zip:	COLUMBUS, OH 43235	
Title:	MGRM	( ) Delete
Name:	SMOKIK, MARK A	
Address:	2400 FARMERS DRIVE	
City-St-Zip:	COLUMBUS, OH 43235	
Title:	MGRM	( ) Delete
Name:	JOHNSON, BRENT P	
Address:	2400 FARMERS DRIVE	
City-St-Zip:	COLUMBUS, OH 43235	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	FEENEY, THOMAS M	
Address:	2400 FARMERS DRIVE	
City-St-Zip:	COLUMBUS, OH 43235	
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 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: BRENT P. JOHNSON MGRM 04/10/2006

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