

# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M05000006910

Entity Name: SPI AMERICA LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

3500 SOUTH DUPONT HIGHWAY  
DOVER, DE 19901

**New Principal Place of Business:**

**Current Mailing Address:**

11400 BURNET ROAD  
BUILDING 5, SUITE 5110  
AUSTIN, TX 787583401

**New Mailing Address:**

2960 PROFESSIONAL DR.  
SPRINGFIELD,, IL 62703 US

FEI Number: 71-0915762

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: MAQUERA, PETER  
Address: SPI BLDG. PASCOR DR. STO, NINO, PARANAQUE  
City-St-Zip: METRO MNILA 1700 PHILLIPPINE,

Title: MGR ( ) Delete  
Name: WILSON, IAN  
Address: SPI BLDG. PASCOR DR. STO, NINO, PARANAQUE  
City-St-Zip: METRO MNILA 1700 PHILLIPPINE,

Title: MGR ( ) Delete  
Name: WOODROW, DAVID  
Address: 60 EAST 42ND ST, SUITE  
City-St-Zip: NEW YORK, NY 10165

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: THORNQUIST, DAVID  
Address: 2960 PROFESSIONAL DR.  
City-St-Zip: SPRINGFIELD, IL 62703

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 THORNQUIST

MGR

04/27/2009

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