2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# M05000007118

Entity Name: PROLOGIX DISTRIBUTION SERVICES(EAST), LLC

Current Principal Place of Business:

6016 BROOKVALE LANE STE 151
KNOXVILLE, TN 37919

New Principal Place of Business:

Current Mailing Address:

6016 BROOKVALE LANE STE 151
KNOXVILLE, TN 37919

New Mailing Address:

FEI Number: 20-3702343 **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:	CASTLE, BO	
Address:	6016 BROOKVALE LANE STE 151	
City-St-Zip:	KNOXVILLE, TN 37919	
Title:	MGR	( ) Delete
Name:	ANDERSON, CHARLES C JR	
Address:	6016 BROOKVALE LANE STE 151	
City-St-Zip:	KNOXVILLE, TN 37919	
Title:	MGR	( ) Delete
Name:	MCLAUGHLIN, DAN	
Address:	3400-D INDUSTRY DRIVE EAST	
City-St-Zip:	FIFE, WA 98424	

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:	

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: CHARLES C. ANDERSON, JR. MGR 04/23/2008

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