

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 02, 2008 8:00 am
Secretary of State

08-06-2008 90030 026 ****50.00
09-02-2008 90077 046 ****88.75

DOCUMENT # M06000000451

1. Entity Name

THE MATWORKS COMPANY, LLC



Principal Place of Business

**11900 OLD BALTIMORE PIKE
BELTSVILLE, MD 20705**

Mailing Address

**11900 OLD BALTIMORE PIKE
BELTSVILLE, MD 20705**

50009851



DO NOT WRITE IN THIS SPACE

07222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-3641044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COLLINS, ROBERT B JR
STREET ADDRESS	11900 OLD BALTIMORE PIKE
CITY-ST-ZIP	BELTSVILLE, MD 20705
TITLE	MGRM
NAME	BURMAN, M. ROBERT
STREET ADDRESS	11900 OLD BALTIMORE PIKE
CITY-ST-ZIP	BELTSVILLE, MD 20705
TITLE	MGRM
NAME	SUMBERG, STEVEN
STREET ADDRESS	4701 SANGAMORE ROAD, SUTIE 207
CITY-ST-ZIP	BETHESDA, MD 20816
TITLE	MGRM
NAME	HOBMAN, STEVEN
STREET ADDRESS	500 N. GULPH ROAD, SUITE 500
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

07/25/08

Date

Daytime Phone # _____