

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000459

Entity Name: LANCE MFG. LLC

FILED
Apr 27, 2011
Secretary of State

Current Principal Place of Business:

13024 BALLANTYNE CORPORATE PLACE
HARRIS BUILDING, SUITE 900
CHARLOTTE, NC 28277

New Principal Place of Business:

Current Mailing Address:

PO BOX 32368
CHARLOTTE, NC 28232

New Mailing Address:

FEI Number: 56-2097021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR SUITE A
TALLAHASSEE, FL 32301 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
Name: SINGER, DAVID
Address: 13024 BALLANTYNE CORPORATE PLACE, STE 900
City-St-Zip: CHARLOTTE, NC 28277

Title: MGR
Name: THOMPSON, BLAKE
Address: 13024 BALLANTYNE CORPORATE PLACE, STE 900
City-St-Zip: CHARLOTTE, NC 28277

Title: MGR
Name: PUCKETT, RICK D
Address: 13024 BALLANTYNE CORPORATE PLACE, STE 900
City-St-Zip: CHARLOTTE, NC 28277

Title: MGR
Name: WICKLUND, M.E.
Address: 13024 BALLANTYNE CORPORATE PLACE, STE 900
City-St-Zip: CHARLOTTE, NC 28277

Title: MGR
Name: SCHUTH, EDWARD
Address: 13024 BALLANTYNE CORPORATE PLACE, STE 900
City-St-Zip: CHARLOTTE, NC 28277

Title: MGR
Name: TURNER, DAVID
Address: 13024 BALLANTYNE CORPORATE PLACE, STE 900
City-St-Zip: CHARLOTTE, NC 28277

I hereby 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: M. E. WICKLUND

MGR

04/27/2011

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