

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001743

Entity Name: CROMPCO, LLC

FILED  
Jul 14, 2008  
Secretary of State

**Current Principal Place of Business:**

1815 GALLAGHER RD  
PLYMOUTH MEETING, PA 19462

**New Principal Place of Business:**

**Current Mailing Address:**

1815 GALLAGHER RD  
PLYMOUTH MEETING, PA 19462

**New Mailing Address:**

FEI Number: 20-4126583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CARFAGNO, CARMEN  
Address: 1815 GALLAGHER RD  
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: MGR ( ) Delete  
Name: SKUSE, SEAN M  
Address: 1815 GALLAGHER RD  
City-St-Zip: PLYMOUTH MEETING, PA 19462

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CARFAGNO, CARMEN S  
Address: 1815 GALLAGHER RD  
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: MGR (X) Change ( ) Addition  
Name: O'BRIEN, ANTHONY J  
Address: 1815 GALLAGHER RD  
City-St-Zip: PLYMOUTH MEETING, PA 19462

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: ANTHONY J. O'BRIEN

MGR

07/14/2008

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