

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002506

Entity Name: PLANCO, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

1500 LIBERTY RIDGE DRIVE, SUITE 100
WAYNE, PA 19087

New Principal Place of Business:

Current Mailing Address:

200 HOPMEADOW STREET
SIMSBURY, CT 06089

New Mailing Address:

FEI Number: 20-3944101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: MGR () Delete
Name: WALTERS, JOHN C
Address: 200 HOPMEADOW STREET
City-St-Zip: SIMSBURY, C5 06089

Title: MGR () Delete
Name: CONNOR, KEVIN M
Address: 1500 LIBERTY RIDGE DRIVE, SUITE 100
City-St-Zip: WAYNE, PA 19087

Title: MGR () Delete
Name: SEIFERT, TIMOTHY J
Address: 1500 LIBERTY RIDGE DRIVE, SUITE 100
City-St-Zip: WAYNE, PA 19087

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MURPHY, BRIAN
Address: 200 HOPMEADOW STREET
City-St-Zip: SIMSBURY, C5 06089

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: BRIAN MURPHY

MGR

03/20/2009

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