2008 LIMITED LIABILITY COMPANY

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

Apr 28, 2008 8:00 am Secretary of State ANNUAL REPORT 04-28-2008 90061 035 ***138.75 DOCUMENT # M06000003439 ASTRA PRODUCTS OF OHIO, LLC 99605000 Principal Place of Business Mailing Address 7154 STATE ROUTE 88 7154 STATE ROUTE 88 RAVENNA, OH 44266 RAVENNA, OH 44266 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Ant. #, etc. Suite, Apt. #, etc. 04032008 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 34-1961756 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BMD FLORIDA SERVICES, LLC 76 S. LAURA STREET, SUITE 2110 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32202 City FL Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Delete TITLE ☐ Change Addition KOHL, C. SCOTT NAME NAME STREET ADORESS 7154 STATE ROUTE 88 STREET ADDRESS CITY-ST-ZIP RAVENNA, OH 44266 CITY-ST-ZIP TITLE MGRM TITLE Change ☐ Addition ☐ Delete NAME DUGAN, J. BRIAN NAME 7154 STATE ROUTE 88 STREET ADDRESS STREET ADDRESS RAVENNA, OH 44266 CITY-ST-ZIP CITY-ST-ZIF MGRM TΠF ☐ Delete TITLE ☐ Change Addition SMITH, SUSAN NAME NAME STREET ADDRESS 7154 STATE ROUTE 88 STREET ADDRESS RAVENNA, OH 44266 CITY-ST-ZIP CITY-ST-ZIP TITLE **MGRM** ☐ Detete TITLE ☐ Change ☐ Addition NAME OBLISK, JOHN NAME STREET ADDRESS 7154 STATE ROUTE 88 STREET ADDRESS CITY-ST-ZIP RAVENNA, OH 44266 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

FILED

Change

Addition

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 justee empowered to execute this report as required by Chapter 608, Florida Statutes.

☐ Delete

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Scatt Kohl SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE