2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003744

Entity Name: ELECTRICOM, LLC

FILED Jan 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1660 W. HOSPITAL RD PAOLI, IN 47454 **Current Mailing Address: New Mailing Address:** 1660 W. HOSPITAL RD PAOLI, IN 47454 FEI Number: 13-4335513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete ELECTRICOM, INC, Name: Name: Address: 1660 W. HOSPITAL RD Address: City-St-Zip: PAOLI, IN 47454 City-St-Zip: Title: Title: MGR () Change (X) Addition () Delete BUSENBURG, MICHAEL S Name: Name: Address: Address: RR 1 BOX 974 City-St-Zip: City-St-Zip: LINTON, IN 47441 Title: () Delete Title: MGR () Change (X) Addition LAMBERT, NANCY Name: Name: 5674 S CO RD 640 E Address: Address: City-St-Zip: City-St-Zip: HARDINSBURG, IN 47125 Title: () Delete Title: MGR () Change (X) Addition VINCENT, WILLIAM L Name: Name: 1150 S UNIONVILLE ROAD Address: Address: City-St-Zip: City-St-Zip: PAOLI, IN 47454 Title: () Delete Title: MGR () Change (X) Addition PAYTON, JEREMY W Name: Name: 2026 W WILLOW CREEK RD Address: Address: City-St-Zip: City-St-Zip: PAOLI, IN 47454 Title: () Delete Title: () Change (X) Addition RANARD, RICHARD W Name: Name: PO BOX 236 Address: Address: ELLETTSVILLE, IN 47429 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY LAMBERT MGR 01/23/2007