

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003744

FILED
Feb 27, 2009
Secretary of State

Entity Name: ELECTRICOM, LLC

Current Principal Place of Business:

1660 W. HOSPITAL RD
PAOLI, IN 47454

New Principal Place of Business:

Current Mailing Address:

1660 W. HOSPITAL RD
PAOLI, IN 47454

New Mailing Address:

FEI Number: 13-4335513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ELECTRICOM, INC.
Address: 1660 W. HOSPITAL RD
City-St-Zip: PAOLI, IN 47454

Title: MGR () Delete
Name: BUSENBURG, MICHAEL S
Address: RR 1 BOX 974
City-St-Zip: LINTON, IN 47441

Title: MGR () Delete
Name: LAMBERT, NANCY
Address: 5674 S CO RD 640 E
City-St-Zip: HARDINSBURG, IN 47125

Title: MGR () Delete
Name: VINCENT, WILLIAM L
Address: 1150 S UNIONVILLE ROAD
City-St-Zip: PAOLI, IN 47454

Title: MGR () Delete
Name: PAYTON, JEREMY W
Address: 2026 W WILLOW CREEK RD
City-St-Zip: PAOLI, IN 47454

Title: MGR () Delete
Name: RANARD, RICHARD W
Address: PO BOX 236
City-St-Zip: ELLETTSVILLE, IN 47429

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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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: NANCY LAMBERT

MGR

02/27/2009

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