

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003744

Entity Name: ELECTRICOM, LLC

FILED
Feb 03, 2010
Secretary of State

Current Principal Place of Business:

1660 W. HOSPITAL RD
PAOLI, IN 47454

New Principal Place of Business:

1660 WEST HOSPITAL RD
PAOLI, IN 47454

Current Mailing Address:

1660 W. HOSPITAL RD
PAOLI, IN 47454

New Mailing Address:

P.O. BOX 319
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:

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
Name: ELECTRICOM, INC
Address: 1660 W. HOSPITAL RD
City-St-Zip: PAOLI, IN 47454

Title: MGR
Name: BUSENBURG, MICHAEL S
Address: 9058 WEST CO RD 750 SOUTH
City-St-Zip: FRENCH LICK, IN 47432

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

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

Title: MGR
Name: PAYTON, JEREMY W
Address: 4276 SOUTH CO RD 250 EAST
City-St-Zip: PAOLI, IN 47454

Title: MGR
Name: RANARD, RICHARD W
Address: 205 WOOD ROAD
City-St-Zip: ST. MARYS, OH 45885

I hereby 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

SECT

02/03/2010

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