

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004691

FILED
Jan 21, 2009
Secretary of State

Entity Name: INTEGRATED DISTRIBUTORS, LLC

Current Principal Place of Business:

4751 OAK FAIR BLVD.
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

4751 OAK FAIR BLVD.
TAMPA, FL 33610

New Mailing Address:

FEI Number: 20-1092748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERZIGIAN, ART
4751 OAK FAIR BLVD.
TAMPA, FL 33610 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: MGRM () Delete
Name: ATLANTIC POWER, INC.,
Address: 2 HAMPSHIRE ST., SUITE 104
City-St-Zip: FOXBORO, MA 02035

Title: MGRM () Delete
Name: CENTRAL POWER SYSTEM, S
Address: 2555 INTERNATIONAL ST.
City-St-Zip: COLUMBUS, OH 43228

Title: MGRM () Delete
Name: MIDWEST ENGINE WAREH, OUSE, A DIVISI O N OF IL
Address: 700 ENTERPRISE ST.
City-St-Zip: AURORA, IL 60504

Title: MGRM () Delete
Name: PREFERRED POWER, INC.,
Address: 6509 A NORTH PARK BLVD.
City-St-Zip: CHARLOTTE, NC 28216

Title: MGRM () Delete
Name: SEDCO, INC.,
Address: 225 HENRY D. ROBINSON BLVD.
City-St-Zip: PENDERGRASS, GA 30567

Title: MGRM () Delete
Name: MAGNETO POWER, LLC,
Address: 1000 WEST DONGES BAY ROAD, SUITE 100
City-St-Zip: MEQUON, WI 53092

ADDITIONS/CHANGES:

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

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

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

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

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: JOHN S STEPHENSON

MGRM

01/21/2009

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