

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000004691

**Entity Name:** INTEGRATED DISTRIBUTORS, LLC

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**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  
Name: ATLANTIC POWER, INC.  
Address: 2 HAMPSHIRE ST., SUITE 104  
City-St-Zip: FOXBORO, MA 02035

Title: MGRM  
Name: CENTRAL POWER SYSTEMS  
Address: 2555 INTERNATIONAL ST.  
City-St-Zip: COLUMBUS, OH 43228

Title: MGRM  
Name: MIDWEST ENGINE WAREHOUSE, A DIVISION OF IL  
Address: 700 ENTERPRISE ST.  
City-St-Zip: AURORA, IL 60504

Title: MGRM  
Name: PREFERRED POWER, INC.  
Address: 6509 A NORTHPARK BLVD.  
City-St-Zip: CHARLOTTE, NC 28216

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

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

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: ATLANTIC POWER INC

MGRM

01/13/2010

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