2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000006632

1. Entity Name
GRAPHIC CONTROLS LLC

Principal Place of Business	Mailing Address
400 EXCHANGE STREET BUFFALO, NY 14204	400 EXCHANGE STREET BUFFALO, NY 14204

DO NOT WRITE IN THIS SPACE

02282007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0922184
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HELEBA, SAM
STREET ADDRESS	400 EXCHANGE STREET
CITY-ST-ZIP	BUFFALO, NY 14204
TITLE	MGRM
NAME	BELLOTTI, JOHN
STREET ADDRESS	400 EXCHANGE STREET
CITY-ST-ZIP	BUFFALO, NY 14204
TITLE	MGRM
NAME	SHEILDS, JOHN
STREET ADDRESS	400 EXCHANGE STREET
CITY-ST-ZIP	BUFFALO, NY 14204
TITLE	MGRM
NAME	TOOMEY, GARY
STREET ADDRESS	400 EXCHANGE STREET
CITY-ST-ZIP	BUFFALO, NY 14204
TITLE	MGRM
NAME	DUNBAR, JOHN F JR
STREET ADDRESS	400 EXCHANGE STREET
CITY-ST-ZIP	BUFFALO, NY 14204
TITLE	MGRM
NAME	MARTIN, DENNIS C
STREET ADDRESS	400 EXCHANGE STREET
CITY-ST-ZIP	BUFFALO, NY 14204

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03/16/07-80016-004 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Gary M Toomey CFO (716)853-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #