

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006632

FILED
Jan 07, 2008
Secretary of State

Entity Name: GRAPHIC CONTROLS LLC

Current Principal Place of Business:

400 EXCHANGE STREET
BUFFALO, NY 14204

New Principal Place of Business:

Current Mailing Address:

400 EXCHANGE STREET
BUFFALO, NY 14204

New Mailing Address:

FEI Number: 20-0922184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: HELEBA, SAM
Address: 400 EXCHANGE STREET
City-St-Zip: BUFFALO, NY 14204

Title: MGRM () Delete
Name: BELLOTTI, JOHN
Address: 400 EXCHANGE STREET
City-St-Zip: BUFFALO, NY 14204

Title: MGRM () Delete
Name: SHEILDS, JOHN
Address: 400 EXCHANGE STREET
City-St-Zip: BUFFALO, NY 14204

Title: MGRM () Delete
Name: TOOMEY, GARY
Address: 400 EXCHANGE STREET
City-St-Zip: BUFFALO, NY 14204

Title: MGRM () Delete
Name: DUNBAR, JOHN F JR
Address: 400 EXCHANGE STREET
City-St-Zip: BUFFALO, NY 14204

Title: MGRM () Delete
Name: MARTIN, DENNIS C
Address: 400 EXCHANGE STREET
City-St-Zip: BUFFALO, NY 14204

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
Name:
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: GARY M. TOOMEY

CFO

01/07/2008

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