# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 07, 2008**
**Secretary of State**

DOCUMENT# M07000001238

**Entity Name:** MAAX-KSD LLC

**Current Principal Place of Business:**

9224 73RD AVENUE NORTH
MINNEAPOLIS, MN 55428

**New Principal Place of Business:**

505 KEYSTONE ROAD
SOUTHAMPTON, PA 18966

**Current Mailing Address:**

9224 73RD AVENUE NORTH
MINNEAPOLIS, MN 55428

**New Mailing Address:**

**FEI Number: 41-1775598** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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 ( ) Delete
Name: STEWART, DANIEL H
Address: 505 KEYSTONE ROAD
City-St-Zip: SOUTHAMPTON, PA 18966

Title: MGR ( ) Delete
Name: AUBIN, DENIS
Address: 160, BOUL. ST. JOSEPH
City-St-Zip: LACHINE, QUEBEC, CANADA, XX

Title: MGR ( ) Delete
Name: SUCHON, RUSSELL J
Address: 9224 73RD AVENUE NORTH
City-St-Zip: MINNEAPOLIS, MN 55428

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition
Name: STEWART, DANIEL H
Address: 505 KEYSTONE ROAD
City-St-Zip: SOUTHAMPTON, PA 18966

Title: CFO (X) Change ( ) Addition
Name: AUBIN, DENIS
Address: 505 KEYSTONE ROAD
City-St-Zip: SOUTHAMPTON, PA 18966

Title: VP (X) Change ( ) Addition
Name: SUCHON, RUSSELL J
Address: 505 KEYSTONE ROAD
City-St-Zip: SOUTHAMPTON, PA 18966

Title: SEC ( ) Change (X) Addition
Name: AUBIN, DENIS
Address: 505 KEYSTONE ROAD
City-St-Zip: SOUTHAMPTON, PA 18966

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: PETE SMISEK MGR 05/07/2008

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