

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003491

FILED
Jan 04, 2012
Secretary of State

Entity Name: GAVI WESTPOINT DISTRIBUTION CENTER, LLC

Current Principal Place of Business:

801 GRAND AVENUE
DES MOINES, IA 50392

New Principal Place of Business:

Current Mailing Address:

801 GRAND AVENUE
DES MOINES, IA 50392

New Mailing Address:

FEI Number: 42-1508738

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 323012525 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: GAVI IMPERIAL CENTER HC, LLC
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392

Title: MGR
Name: WADLE, BRENDA M
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR
Name: MCCONKEY, JENNIFER
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR
Name: STUBBS, KEVIN J
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR
Name: MENZ, JEFFREY R
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR
Name: TINKER, DENNIS
Address: 801 GRAND AVE
City-St-Zip: DES MOINES, IA 50392 US

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: ROBERT ROEPSCH

ADM

01/04/2012

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