2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# M07000006172

Entity Name: ARBORGEN, LLC

Current Principal Place of Business:

180 WESTVACO ROAD
SUMMERVILLE, SC 29484

New Principal Place of Business:

Current Mailing Address:

180 WESTVACO ROAD
SUMMERVILLE, SC 29484

New Mailing Address:

PO BOX 840001
M
SUMMERVILLE, SC 29484

FEI Number: 58-2521259 **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:	MGR	( ) Delete
Name:	WELLS, BARBARA	
Address:	180 WESTVACO ROAD	
City-St-Zip:	SUMMERVILLE, SC 29484	
Title:	MGR	( ) Delete
Name:	BARFIELD, WAYNE	
Address:	180 WESTVACO ROAD	
City-St-Zip:	SUMMERVILLE, SC 29484	
Title:	MGR	( ) Delete
Name:	MUNSON, KENENTH PH.D.	
Address:	6400 POPLAR AVE., SUITE T1-8-019	
City-St-Zip:	MEMPHIS, TN 38197	
Title:	MGR	( ) Delete
Name:	LIEBETREU, DAVID	
Address:	6400 POPLAR AVE., SUITE T1-8-30	
City-St-Zip:	MEMPHIS, TN 38197	
Title:	MGR	( ) Delete
Name:	MORIARTY, LUKE	
Address:	L3, 7-9 FANSHAWE STREET	
City-St-Zip:	AUCKLAND, NEW ZEALAND, XX	
Title:	MGR	( ) Delete
Name:	BURTON, BRUCE	
Address:	L3, 7-9 FANSHAWE STREET	
City-St-Zip:	AUCKLAND, NEW ZEALAND, XX	

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: WAYNE BARFIELD MGR 04/09/2009

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