

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001687

FILED
Mar 26, 2009
Secretary of State

Entity Name: SCHNABEL OPERATIONS, LLC

Current Principal Place of Business:

1054 TECHNOLOGY PARK DRIVE
GLEN ALLEN, VA 23059

New Principal Place of Business:

Current Mailing Address:

1054 TECHNOLOGY PARK DRIVE
GLEN ALLEN, VA 23059

New Mailing Address:

FEI Number: 81-0582679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MATHESON, GORDON M
Address: 9144 RIGNEY TERRACE
City-St-Zip: GLEN ALLEN, VA 23060

Title: MGR () Delete
Name: DESTEPHEN, RAYMOND A
Address: 14502 MILL CREEK DRIVE
City-St-Zip: MONTPELIER, VA 23192

Title: MGR () Delete
Name: WIRTH, GEORGE E
Address: 2522 LAWNSIDE ROAD
City-St-Zip: TIMONIUM, MD 21093

Title: MGR () Delete
Name: CAMPBELL, DAVID B
Address: 1130 ALEXANDER LANE
City-St-Zip: WEST CHESTER, PA 19832

Title: MGR () Delete
Name: CONNER, STEVEN E
Address: 619 WOODLAND DRIVE
City-St-Zip: BLACKBURG, VA 24060

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

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: MGR () Change (X) Addition
Name: QUIROGA, SUSAN A
Address: 9035 LITTLE JOSELYN DRIVE
City-St-Zip: MECHANICSVILLE, VA 23116

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: SUSAN A QUIROGA

MGR

03/26/2009

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