

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000002228

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** ESTECH, LLC

**Current Principal Place of Business:**

1857 KELLER ROAD  
FT. MEADE, FL 338419351

**New Principal Place of Business:**

**Current Mailing Address:**

701 HARGER ROAD  
SUITE 190  
OAK BROOK, IL 60523

**New Mailing Address:**

**FEI Number:** 13-3346659

**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  
**Name:** GUSTAFSON, F. EDWARD  
**Address:** 701 HARGER ROAD, SUITE 190  
**City-St-Zip:** OAK BROOK, IL 60523

**Title:** MGR  
**Name:** KELLY, PATRICK J  
**Address:** 701 HARGER ROAD, SUITE 190  
**City-St-Zip:** OAK BROOK, IL 60523

**Title:** MGR  
**Name:** KELLY, THOMAS N  
**Address:** 701 HARGER ROAD, SUITE 190  
**City-St-Zip:** OAK BROOK, IL 60523

**Title:** MGR  
**Name:** SMITH, LAURA K  
**Address:** 701 HARGER ROAD, SUITE 190  
**City-St-Zip:** OAK BROOK, IL 60523

**Title:** MGR  
**Name:** GUSTAFSON, F. EDWARD II  
**Address:** 1335 RIDGELAND PARKWAY, SUITE 120  
**City-St-Zip:** ALPHARETTA, GA 30004

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:** KIMBERLY K. DUTTLINGER

VP

04/05/2011

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