

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002959

Entity Name: CTK NORTH AMERICAN, LLC

FILED  
Jan 13, 2009  
Secretary of State

## Current Principal Place of Business:

5101 CLASSEN CL STE 300  
OKLAHOMA CITY, OH 73118

## New Principal Place of Business:

5100 N. CLASSEN BLVD STE 300  
OKLAHOMA CITY, OK 73118

## Current Mailing Address:

5101 CLASSEN CL STE 300  
OKLAHOMA CITY, OH 73118

## New Mailing Address:

P.O. BOX 25928  
OKLAHOMA CITY, OK 73125

FEI Number: 20-5708353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT 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: ROSS, MICHAEL F  
Address: 5101 CLASSEN CL STE 300  
City-St-Zip: OKLAHOMA CITY, OH 73118

Title: MGR ( ) Delete  
Name: HESTER, JOHN C  
Address: 5101 CLASSEN CL STE 300  
City-St-Zip: OKLAHOMA CITY, OH 73118

Title: MGR ( ) Delete  
Name: YOUNG, EDWARD L  
Address: 5101 CLASSEN CL STE 300  
City-St-Zip: OKLAHOMA CITY, OH 73118

Title: MGR ( ) Delete  
Name: SIEMER, RICHARD  
Address: 1240 N LAKEVIEW AVE #240  
City-St-Zip: ANAHEIM, CA 92807

Title: MGR ( ) Delete  
Name: KELLY, CHARLES T  
Address: 8225 S FM 707  
City-St-Zip: ALILENE, TX 79602

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ROSS, MICHAEL F  
Address: 5100 N. CLASSEN BLVD STE 300  
City-St-Zip: OKLAHOMA CITY, OK 73118

Title: MGR (X) Change ( ) Addition  
Name: HESTER, JOHN C  
Address: 5100 N. CLASSEN BLVD STE 300  
City-St-Zip: OKLAHOMA CITY, OK 73118

Title: MGR (X) Change ( ) Addition  
Name: YOUNG, EDWARD L  
Address: 5100 N. CLASSEN BLVD STE 300  
City-St-Zip: OKLAHOMA CITY, OK 73118

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: CHARLES T. KELLY

MGR

01/13/2009

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