

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003033

FILED  
May 01, 2009  
Secretary of State

Entity Name: ATLAS COPCO COMPRESSORS LLC

**Current Principal Place of Business:**

1800 OVERVIEW DRIVE  
ROCK HILL, SC 29730

**New Principal Place of Business:**

**Current Mailing Address:**

1800 OVERVIEW DRIVE  
ROCK HILL, SC 29730

**New Mailing Address:**

C/O ATLAS COPCO NORTH AMERICA LLC  
34 MAPLE AVE, PO BOX 2028  
PINE BROOK, NJ 07058

FEI Number: 04-2700546      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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: MGRM ( ) Delete  
Name: HENSE, PAUL  
Address: 1800 OVERVIEW DRIVE  
City-St-Zip: ROCK HILL, SC 29730

Title: MGRM (X) Delete  
Name: COHEN, MARK  
Address: 34 MAPLES AVENUE  
City-St-Zip: PINE BROOK, NJ 07058

Title: MGRM (X) Delete  
Name: LETEN, RONNIE  
Address: 1800 OVERVIEW DRIVE  
City-St-Zip: ROCK HILL, SC 29730

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ATLAS COPCO NORTH AMERICA LLC  
Address: 34 MPALE AVE, PO BOX 2028  
City-St-Zip: PINE BROOK, NJ 07058

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: MARK COHEN

PRES

05/01/2009

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