

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001727

FILED
Apr 26, 2011
Secretary of State

Entity Name: SHERMAN INDUSTRIES LLC

Current Principal Place of Business:

ATTN: LEGAL DEPARTMENT
300 E. JOHN CARPENTER FREEWAY, STE. 1645
IRVING, TX 75062

New Principal Place of Business:

Current Mailing Address:

ATTN: LEGAL DEPARTMENT
300 E. JOHN CARPENTER FREEWAY, STE. 1645
IRVING, TX 75062

New Mailing Address:

FEI Number: 63-0944918

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: HARRINGTON, DANIEL
Address: 300 E. JOHN CARPENTER FWY., STE 1645
City-St-Zip: IRVING, TX 75062

Title: MGR
Name: HYER, MICHAEL H
Address: 300 E. JOHN CARPENTER FWY., STE 1645
City-St-Zip: IRVING, TX 75062

Title: COB
Name: HARRINGTON, DANNIEL M
Address: 300 E. JOHN CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062

Title: P
Name: HAHNE, CLIFFORD
Address: 300 E. JOHN CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062

Title: VPCF
Name: FISCHER, HELMUT
Address: 300 E. JOHN CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062

Title: VPS
Name: HYER, MICHAEL H
Address: 300 E. JOHN CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062

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: JOHN M. HUTCHINSON

AS

04/26/2011

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