FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1997 **DIVISION OF CORPORATIONS** 97 APR 21 PM 2: 25 FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Malling Address of Limited Liability Company **DOCUMENT #**M95000000337 1a. Principal Place of Business Address TECHLINE MIAMI, LLC 4028 PEBBLE BEACH DRIVE 8850 N. MIAMI AVENUE LONGMONT CO 80503 4IAMI FL 33137 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 1/15/1995 ¢О Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 84-1316891 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required þ6/14/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND DRIVE Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR FOLGER INDUSTRIES, LLC 4028 PEBBLE BEACH DR. LONGMONT CO 600002152396---01092--025 ****203.75 ****203.75 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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