

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Apr 10, 2002 8:00 am
Secretary of State**

04-10-2002 90017 010 ****50.00

DOCUMENT # M97000000742

1. Entity Name
Mid-Valley Supply LLC

957140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 539 South Main St.	3. Mailing Address Suite, Apt. #, etc. 539 South Main St.
---	---

DO NOT WRITE IN THIS SPACE

City & State Findlay, OH	City & State Findlay, OH	4. FEI Number 31-1563294	Applied For Not Applicable
Zip 45840	Country USA	Zip 45840	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name C T Corporation System
Street Address (P.O. Box Number is Not Acceptable) 1220 South Pine Island Road
City Plantation
FL
Zip Code 33324

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM D. D. Gilliam 539 South Main Street Findlay, OH 45840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

11. I 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 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.

SIGNATURE: D. D. Gilliam Member
D. D. Gilliam 4-2-02 419-421-2459