2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000043

Entity Name: COMPOSITES ONE LLC

FILED Apr 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 723 W. ALGONQUIN RD. ARLINGTON HEIGHTS, IL 60005 **Current Mailing Address: New Mailing Address:** P.O. BOX 3208 ARLINGTON HEIGHTS, IL 60006 FEI Number: 05-0473675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEXIS DOCUMENT SERVICES 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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: ADDITIONS/CHANGES: Title: MGR () Delete (X) Change () Addition WILKINSON, DEL MOULAERT, OLIVIER Name: Name: 820 EAST 14TH ST. Address: 820 EAST 14TH ST. Address: City-St-Zip: N. KANSAS CITY, MO 64116 City-St-Zip: N. KANSAS CITY, MO 64116 Title: MGR () Delete Title: () Change () Addition BENNETT, CHARLES Name: Name: Address: 820 EAST 14TH STREET Address: City-St-Zip: N. KANSAS CITY, MO 64116 City-St-Zip: Title: MGR () Delete Title: () Change () Addition DEHMLOW, STEVEN Name: Name: Address: 723 W. ALGONQUIN ROAD Address: City-St-Zip: ARLINGTON HEIGHTS, IL 600054432 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: DEHMLOW, NANCY Name: Address: 723 W. ALGONQUIN ROAD Address: City-St-Zip: ARLINGTON HEIGHTS, IL 600054432 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SMITH, DAVID P JR. Name: Name: 723 W. ALGONQUIN ROAD Address: Address: City-St-Zip: ARLINGTON HEIGHTS, IL 600054432 City-St-Zip: Title: () Delete Title: (X) Change () Addition PERROT, GILLES PINATEL. BERNARD Name: Name: Address: 820 EAST 14TH STREET Address: 820 EAST 14TH STREET N. KANSAS CITY, MO 64116 N. KANSAS CITY, MO 64116 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY DEHMLOW MGR 04/19/2007