

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000043

Entity Name: COMPOSITES ONE LLC

FILED  
Apr 20, 2009  
Secretary of State

**Current Principal Place of Business:**

85 WEST. ALGONQUIN RD.  
SUITE 600  
ARLINGTON HEIGHTS, IL 60005 44

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3208  
ARLINGTON HEIGHTS, IL 60006 32

**New Mailing Address:**

FEI Number: 05-0473675

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEXIS DOCUMENT SERVICES  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 ( ) Delete  
Name: MOULAERT, OLIVIER  
Address: 820 EAST 14TH ST.  
City-St-Zip: N. KANSAS CITY, MO 64116

Title: MGR ( ) Delete  
Name: BENNETT, CHARLES  
Address: 820 EAST 14TH STREET  
City-St-Zip: N. KANSAS CITY, MO 64116

Title: MGR ( ) Delete  
Name: DEHMLow, STEVEN  
Address: 85 W. ALGONQUIN ROAD  
City-St-Zip: ARLINGTON HEIGHTS, IL 600054421

Title: MGR ( ) Delete  
Name: DEHMLow, NANCY  
Address: 85 W. ALGONQUIN ROAD  
City-St-Zip: ARLINGTON HEIGHTS, IL 600054421

Title: MGR ( ) Delete  
Name: SMITH, DAVID P JR.  
Address: 85 W. ALGONQUIN ROAD  
City-St-Zip: ARLINGTON HEIGHTS, IL 600054421

Title: MGR ( ) Delete  
Name: PINATEL, BERNARD  
Address: 820 EAST 14TH STREET  
City-St-Zip: N. KANSAS CITY, MO 64116

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: COLONNA, PAUL  
Address: 820 EAST 14TH STREET  
City-St-Zip: N. KANSAS CITY, MO 64116

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NANCY DEHMLow

MGR

04/20/2009

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