
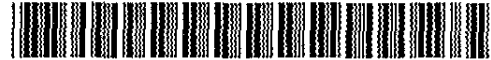


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000000592 1. Entity Name MANAGEMENT CLEANING CONTROLS, LLC	
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Principal Place of Business 10101 LINN STATION ROAD, SUITE 600 LOUISVILLE, KY 40223	Mailing Address 10101 LINN STATION ROAD, SUITE 600 LOUISVILLE, KY 40223
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04192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 62-1772334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

1100010132930
04/27/04-80057-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIEBOLD, JOSEPH P 105 RIDGEVIEW ROAD NORTH WALES, PA 19454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALUTI, GERALD M 1607 OCEAN AVENUE SPRING LAKE, NJ 07762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOM, RUTH 1508 HELMRIDGE COURT LOUISVILLE, KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAMBLE, JAMES 5315 MONTFORD LANE CRESTWOOD, KY 40014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, RICHARD D 5618 SWAMP FOX ROAD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ruth A. Broom 4-20-04 5024265327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #