

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000844

FILED
May 01, 2009
Secretary of State

Entity Name: BEACON MEDICAL PRODUCTS, LLC

Current Principal Place of Business:

1800 OVERVIEW DRIVE
ROCK HILL, SC 29730

New Principal Place of Business:

Current Mailing Address:

C/O ATLAS COPCO NA
34 MAPLE AVE PO BOX 2028
PINE BROOK, NJ 07058

New Mailing Address:

C/O ATLAS COPCO NORTH AMERICA
34 MAPLE AVE, PO BOX 2028
PINE BROOK, NJ 07058

FEI Number: 56-2067998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BEACON HOLDINGS CORPORATION
Address: P.O. BOX 7064
City-St-Zip: CHARLOTTE, NC 28241

Title: VP (X) Delete
Name: CURTO, DAVE
Address: 34 MAPLE AVE
City-St-Zip: PINE BROOK, NJ 07058

Title: P (X) Delete
Name: TAPKAS, JAMES
Address: 1800 OVERVIEW DRIVE
City-St-Zip: ROCK HILL, SC 29730

ADDITIONS/CHANGES:

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: MARK COHEN

PRES

05/01/2009

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