

|  |                      |  |            |   |         |             |
|--|----------------------|--|------------|---|---------|-------------|
| No. <b>C 160886</b>  |                      | <b>Due no later than Jun 30, 2009</b>  |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>                          |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                      | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>STR GRINNELL GP HOLDING, INC.<br>ONE TOWN CENTER ROAD<br>BOCA RATON FL 33486-1010<br>USA |            | CT CORPORATION SYSTEM<br>1111 W JEFFERSON STE 530<br>BOISE ID 83702-<br>USA |         |             |
|  |                      |  |            | 3. <u>New</u> Registered Agent Signature:*                                  |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                      |  |            |   |         |             |
| Office Held  | Name                 | Street or PO Address   | City       | State   | Country | Postal Code |
| PRESIDENT  | JAMES F. SPICER      | ONE TOWN CENTER ROAD   | BOCA RATON | FL  | USA     | 33486-1010  |
| SECRETARY  | JOHN S. JENKINS, JR. | ONE TOWN CENTER ROAD   | BOCA RATON | FL  | USA     | 33486-1010  |
| TREASURER  | KEVIN MACKAY         | ONE TOWN CENTER ROAD   | BOCA RATON | FL  | USA     | 33486-1010  |
| DIRECTOR   | JAMES F. SPICER      | ONE TOWN CENTER ROAD   | BOCA RATON | FL  | USA     | 33486-1010  |
| DIRECTOR   | BRUCE RAMO           | ONE TOWN CENTER ROAD   | BOCA RATON | FL  | USA     | 33486-1010  |
| DIRECTOR   | PASQUALE J. D'ORSI   | ONE TOWN CENTER ROAD   | BOCA RATON | FL  | USA     | 33486-1010  |
| 5. Organized Under the Laws of:<br><br><b>IN<br/>C 160886</b>  |                      | 6. Annual Report must be signed.*<br>Signature: Anne Meyer<br>Name (type or print): Anne Meyer<br><br>Date: 05/16/2009<br>Title: Poa   |            |   |         |             |
| Processed 05/16/2009   |                      | * Electronically provided signatures are accepted as original signatures.  |            |   |         |             |