



# State of New Hampshire 2008 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2008

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed  
Date Filed: 01/07/2008  
Business ID: 306492  
William M. Gardner  
Secretary of State

IDSC HOLDINGS LLC

2801 80TH STREET  
KENOSHA, WI 53143

ADDRESS OF PRINCIPAL OFFICE:  
2801 80TH STREET, C/O CORP TAX DEPT.  
KENOSHA, WI 53143

REGISTERED AGENT AND OFFICE:  
C T CORPORATION SYSTEM  
9 CAPITOL ST  
CONCORD, NH 03301

ENTITY TYPE: LLC  
BUSINESS ID: 306492  
STATE OF DOMICILE: WISCONSIN

WHOLESALE TRADE OF INDUSTRIAL LAND AND DIAGNOSTIC  
AUTOMOTIVE SERVICE EQUIPMENT

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- The new mailing address \_\_\_\_\_  
 The new principal office address 2801 80th Street, Kenosha, WI 53143  
PO Box is acceptable.

### MANAGERS

### MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MANA. **Tom Kassouf**  
STREET **2801 80th Street**  
CITY/STATE/ZIP **Kenosha WI 53143**  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.  
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Tom Kassouf**

Please print name and title of signer: **Tom Kassouf** / **MANAGER**  
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE  
RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529