

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004184

Entity Name: NATIONAL LINK, L.L.C.

FILED  
Mar 15, 2012  
Secretary of State

**Current Principal Place of Business:**

400 CORPORATION DRIVE  
ALIQUIPPA, PA 15001

**New Principal Place of Business:**

300 CORPORATE CENTER DRIVE  
SUITE 300  
MOON TOWNSHIP, PA 15108

**Current Mailing Address:**

C/O MADELINE G. M. LOVEJOY  
2510 N REDHILL AVE  
SANTA ANA, CA 92705

**New Mailing Address:**

FEI Number: 33-1098667      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGRM  
Name: NATIONAL CITY PARTNERSHIP SOLUTIONS, INC.  
Address: 1900 EAST NINTH STREET  
City-St-Zip: CLEVELAND, OH 44114

Title: MGRM  
Name: CHICAGO TITLE INSURANCE COMPANY  
Address: 601 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby 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: CHICAGO TITLE INSURANCE COMPANY      MGRM      03/15/2012

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