

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002854

FILED  
Jan 06, 2010  
Secretary of State

Entity Name: VENCORE SOLUTIONS LLC

**Current Principal Place of Business:**

4500 SW KRUSE WAY, SUITE 350  
LAKE OSWEGO, OR 97035

**New Principal Place of Business:**

**Current Mailing Address:**

4500 SW KRUSE WAY, SUITE 350  
LAKE OSWEGO, OR 97035

**New Mailing Address:**

FEI Number: 71-0878152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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  
Name: SAEFKE, JOHN  
Address: 4500 SW KRUSE WAY STE 350  
City-St-Zip: LAKE OSWEGO, OR 97035 US

Title: MGR  
Name: LADD, ROBB  
Address: 1000 MEMORIAL DRIVE  
City-St-Zip: HOUSTON, TX 77024

Title: MGR  
Name: GRIGGS, JOHN  
Address: 1000 MEMORIAL DRIVE  
City-St-Zip: HOUSTON, TX 77060

Title: MGR  
Name: LUDWIG, LEONARD  
Address: 4500 SW KRUSE WAY STE 350  
City-St-Zip: LAKE OSWEGO, OR 97035

Title: MGR  
Name: FORRESTER, JAMES  
Address: 363 N SAM HOUSTON PKWY  
City-St-Zip: HOUSTON, TX 77060

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: LEONARD LUDWIG

MGR

01/06/2010

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