

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002854

FILED
Mar 14, 2011
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: JOHN SAEFKE

CEO

03/14/2011

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