

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000003292

**Entity Name:** E5 CONSULTING, LLC

**Current Principal Place of Business:**

910 HARVEST DRIVE SECOND FLOOR  
C/O KAPLIN STEWART (ATTN:KFH)  
BLUE BELL, PA 19422

**Current Mailing Address:**

910 HARVEST DRIVE SECOND FLOOR  
C/O KAPLIN STEWART (ATTN:KFH)  
BLUE BELL, PA 19422

**FEI Number:** 45-3515441

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name E5 SOLUTIONS GROUP, LLC  
Address 910 HARVEST DRIVE SECOND FLOOR  
City-State-Zip: BLUE BELL PA 19422

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAMELA HANSON

**DIRECTOR OF  
OPERATIONS**

06/17/2013

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date