# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 17, 2007**
**Secretary of State**

DOCUMENT# L01000020349

**Entity Name:** VERITEC SOLUTIONS, LLC

**Current Principal Place of Business:**

9428 BAYMEADOWS ROAD
SUITE 600
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9428 BAYMEADOWS ROAD
SUITE 600
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number: 31-1812805** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

VAN HORN, JAMES H
9428 BAYMEADOWS ROAD
SUITE 600
JACKSONVILLE, FL 32256 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 | ( ) Delete |
| Name: | GROFF, NATHAN E | |
| Address: | 9428 BAYMEADOWS ROAD SUITE 600 | |
| City-St-Zip: | JACKSONVILLE, FL 32256 | |
| Title: | MGRM | ( ) Delete |
| Name: | REINHEIMER, THOMAS | |
| Address: | 9428 BAYMEADOWS ROAD SUITE 600 | |
| City-St-Zip: | JACKSONVILLE, FL 32256 | |
| Title: | MGRM | ( ) Delete |
| Name: | ZAITER, JEAN-PIERRE | |
| Address: | 9428 BAYMEADOWS ROAD SUITE 600 | |
| City-St-Zip: | JACKSONVILLE, FL 32256 | |
| Title: | MGRM | ( ) Delete |
| Name: | VAN HORN, JAMES H | |
| Address: | 9428 BAYMEADOWS ROAD SUITE 600 | |
| City-St-Zip: | JACKSONVILLE, FL 32256 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: POLLY G. CORLESS CFO 01/17/2007

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