2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024671

Entity Name: NECC OF FLORIDA, LLC

FILED Apr 19, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5401 BROKEN SOUND BLVD NW BOCA RATON, FL 33487

Current Mailing Address: New Mailing Address:

50 APPLIED CARD WAY GLEN MILLS, PA 19342

FEI Number: 34-1988122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ABESSINIO, ROCCO A APPLIED CARD SYSTEMS, INC. 5401 BROKEN SOUND BLVD. NW BOCA RATON, FL 33487 US ABESSINIO, ROCCO A C/O APPLIED CARD SYSTEMS, INC. 5401 BROKEN SOUND BLVD. NW BOCA RATON, FL 33487 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: 04/19/2011

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: ABESSINIO, ROCCO A Address: 50 APPLIED CARD WAY City-St-Zip: GLEN MILLS, PA 19342

Title: \

Name: ABESSINIO, MARY F Address: 50 APPLIED CARD WAY City-St-Zip: GLEN MILLS, PA 19342

Title: VS

Name: ABESSINIO, PETER G Address: 50 APPLIED CARD WAY City-St-Zip: GLEN MILLS, PA 19342

Title: VT

Name: ABESSINIO, VINCENT T Address: 50 APPLIED CARD WAY City-St-Zip: GLEN MILLS, PA 19342

Title: V

Name: COOL, MARY D
Address: 50 APPLIED CARD WAY
City-St-Zip: GLEN MILLS, PA 19342

Title: \

Name: ABESSINIO, JOANNE F Address: 50 APPLIED CARD WAY City-St-Zip: GLEN MILLS, PA 19342

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 Statues.

SIGNATURE: ROCCO A ABESSINIO MGRM 04/19/2011

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