2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # L0400057977 1. Entity Name AUTOVERIFY VOTING SYSTEMS, LLC							04-28-2008	3 90056 0:	28 ***13	8.75
Principal Plac 1960 HAZEN DELAND, FL		Mailing Address P.O. BOX 2855 DELAND, FL 32721-2855 US			1 10 1 13 1 13 1 13			ne spist ipeli teb		
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04232008	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State				4. FEI Numbe 20-291		-		plied For t Applicable
Zip	Country Zip Cou		Coun	itry	5. Certificate of Status Desired				\$5.00 Add Fee Required	itional
	6. Name and Address of Current	t Registered Agent				7. Name and	Address of New	Registered A	gent	
550,470	· · · · · · · · · · · · · · · · · · ·			Name						
PROVITOLA, KATHLEEN A 1960 HAZEN ROAD DELAND, FL 32720-2105				Street Address (P.O. Box Number is Not Acceptable)						
				City			<u></u>	FL	Zip Code	<u></u>
	named entity submits this statement fions of registered agent.	or the purpose of changing its	register	ed office o	r register	ed agent, or bot	th, in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOT	IE. Registere	d Agent signat	ure required	when reinstating)		DATE		
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11. I nereby certify that the information supplied with this liting does not quality for the exemptions contained in Chapter 114, notice statutes. Forther the first the information indicated on this report is true and accurate and that my 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Despring Proces