

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078266

FILED
Apr 28, 2008
Secretary of State

Entity Name: SCIENCETRAX, LLC

Current Principal Place of Business:

4406 RICHMOND PARK DRIVE EAST
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4406 RICHMOND PARK DRIVE EAST
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-0669404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUTZKE, JOHN
4406 RICHMOND PARK DRIVE EAST
JACKSONVILLE, FL 32224 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: PRES () Delete
Name: PUTZKE, JOHN D
Address: 4406 RICHMOND PARK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP () Delete
Name: PALIWODA, JOHN M
Address: 4406 RICHMOND PARK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP () Delete
Name: HANKS, LESLIE A
Address: 4406 RICHMOND PARK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32224 US

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:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN PUTZKE

PRES

04/28/2008

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