

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001561

FILED  
Jan 20, 2011  
Secretary of State

**Entity Name:** DIGITAL ASSURANCE CERTIFICATION LLC

**Current Principal Place of Business:**

390 N ORANGE AVE  
SUITE 1750  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

390 N ORANGE AVE  
SUITE 1750  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 59-3536820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STUART, PAULA  
390 N. ORANGE AVE.  
STE. 1750  
ORLANDO, FL 32801 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: CEO  
Name: STUART, PAULA  
Address: 390 NORTH ORANGE AVE., SUITE 1750  
City-St-Zip: ORLANDO, FL 32801

Title: SRVP  
Name: OLSEN, LISA D SR.-VP  
Address: 390 NORTH ORANGE AVE., SUITE 1750  
City-St-Zip: ORLANDO, FL 32801

Title: VP  
Name: O'BRIEN, DIANA  
Address: 390 NORTH ORANGE AVE., SUITE 1750  
City-St-Zip: ORLANDO, FL 32801

Title: VP  
Name: HEBBAR, SHARDA  
Address: 390 NORTH ORANGE AVE., SUITE 1750  
City-St-Zip: ORLANDO, FL 32801

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 Statutes.

SIGNATURE: PAULA STUART

CEO

01/20/2011

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