2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0000000108

Entity Name: REMETRIX LLC

FILED Feb 18, 2008 Secretary of State

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

11550 N. MERIDIAN ST. SUITE 600 11550 N. MERIDIAN STREET CARMEL, IN 460324565

SUITE 350

CARMEL, IN 46032

Current Mailing Address: New Mailing Address:

11550 N. MERIDIAN ST. SUITE 600 11550 N. MERIDIAN STREET CARMEL, IN 460324565

SUITE 600

CARMEL, IN 46032

FEI Number: 35-2078934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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: ADDITIONS/CHANGES:

() Delete Title: () Change () Addition

CULPEPPER, WILLIAM H Name: Name: Address: 11550 N. MERIDIAN ST. SUITE 600 Address:

City-St-Zip: CARMEL, IN 46032 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name: MCMILLAN, BRYCE Name: Address: 11550 N. MERIDIAN ST. SUITE 600 Address: City-St-Zip: CARMEL, IN 46032 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

PUCKETT, MICHAEL Name: Name: 11550 N MERIDIAN ST SUITE 600 Address: Address: City-St-Zip: CARMEL, IN 46032 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: MICHAEL PUCKETT 02/18/2008