



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90029 029 ****50.00

DOCUMENT # M00000001140 1. Entity Name GENPASS SERVICE SOLUTIONS, LLC					
Principal Place of Business 1255 CORPORATE DRIVE, 6TH FLOOR IRVING, TX 75038			Mailing Address 1255 CORPORATE DRIVE, 6TH FLOOR IRVING, TX 75038		
2. Principal Place of Business - No P.O. Box # 5995 Mayfair Rd Suite, Apt. #, etc.		3. Mailing Address PO Box 3077 Suite, Apt. #, etc. 9-C-26			
City & State North Canton OH		City & State North Canton OH		4. FEI Number 75-2882615	
Zip 44720		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONNOR, THOMAS G JR 1255 CORPORATE DRIVE, 6TH FLOOR IRVING, TX 75038	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Mgr Charles E. Ducey, Jr. 5995 Mayfair Rd North Canton, OH 44720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESTEP, JANET O 2751 SHEPARD ROAD ST. PAUL, MN 55116	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robert J. Warren Same As Above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VENTURO, DOMINIC V 2751 SHEPARD ROAD ST. PAUL, MN 55116	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Warren W. Dettinger Same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSEY, JOSEPH R 225 W STATION SQUARE DRIVE, SUITE 620 PITTSBURGH, PA 15219	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that 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: <u>Robert J. Warren</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			VICE PRESIDENT & TREASURER <u>Robert J. Warren</u> <u>4/3/07</u> <u>(330) 490-6907</u> <small>Date Daytime Phone #</small>		