

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M00000001140</b>	
1. Entity Name <b>GENPASS SERVICE SOLUTIONS, LLC</b>	
Principal Place of Business <b>5995 MAYFAIR RD CANTON, OH 44720</b>	Mailing Address <b>PO BOX 3077 C/O 9-C-26 CANTON, OH 44720</b>



01172008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-2882615</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP DUCEY, CHARLES E JR 5995 MAYFAIR RD CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARREN, ROBERT J 5995 MAYFAIR RD CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DETINGER, WARREN W 5995 MAYFAIR RD CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSEY, JOSEPH R 225 W STATION SQUARE DRIVE, SUITE 620 PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000816234  
02/14/08-80042-002 138.75

**DO NOT WRITE  
IN THIS SPACE**

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: Robert J. Warren Robert J. Warren 1/18/08 (330) 490-16907  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #