2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# M01000000563

Entity Name: NTSC FLORIDA, LLC

Current Principal Place of Business:

C/O GE CORPORATE FINANCIAL SERVICES
500 WEST MONROE STREET
CHICAGO, IL 60661

New Principal Place of Business:

Current Mailing Address:

C/O GE CFS (ATTN: ANN JERGE)
201 MERRITT 7
NORWALK, CT 06856

New Mailing Address:

FEI Number: 36-4423388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	MGR	( ) Delete
Name:	UNGARI, JIM	
Address:	201 MERRITT 7	
City-St-Zip:	NORWALK, CT 06856	
Title:	MGR	( ) Delete
Name:	WILDER, HUGH E	
Address:	500 WEST MONROE STREET	
City-St-Zip:	CHICAGO, IL 60661	
Title:	MGR	( ) Delete
Name:	ROBERTS, SCOTT	
Address:	201 MERRITT 7	
City-St-Zip:	NORWALK, CT 06856	
Title:	AS	( ) Delete
Name:	JERGE, ANN	
Address:	201 MERRITT 7	
City-St-Zip:	NORWALK, CT 06856	
Title:	MGR	( ) Delete
Name:	ABBOTT, PRESTON	
Address:	201 MERRITT 7	
City-St-Zip:	NORWALK, CT 06856	
Title:	MGR	( ) Delete
Name:	MAHESHWARY, SAMEER	
Address:	201 MERRITT 7	
City-St-Zip:	NORWALK, CT 06856	

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:	
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: ANN JERGE AS 03/17/2009

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