

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001518

FILED  
Apr 12, 2008  
Secretary of State

Entity Name: ALLIED SOLUTIONS, LLC

**Current Principal Place of Business:**

11550 NORTH MERIDIAN, SUITE 275  
CARMEL, IN 46032

**New Principal Place of Business:**

1320 CITY CENTER DRIVE, SUITE 300  
CARMEL, IN 46032

**Current Mailing Address:**

11550 NORTH MERIDIAN, SUITE 275  
CARMEL, IN 46032

**New Mailing Address:**

1320 CITY CENTER DRIVE, SUITE 300  
CARMEL, IN 46032

FEI Number: 35-2125376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT 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: HILGER, CHRISTOPHER M  
Address: 11550 N MERIDIAN, SUITE 275  
City-St-Zip: CARMEL, IN 46032

Title: MGRM (X) Delete  
Name: ZACCARO, WARREN J  
Address: 11550 N MERIDIAN, SUITE 275  
City-St-Zip: CARMEL, IN 46032

Title: MGRM (X) Delete  
Name: LIUM, ROBERT J  
Address: 11550 N MERIDIAN, SUITE 275  
City-St-Zip: CARMEL, IN 46032

Title: MGRM (X) Delete  
Name: SENKLER, ROBERT L  
Address: 11550 N MERIDIAN, SUITE 275  
City-St-Zip: CARMEL, IN 46032

Title: MGRM (X) Delete  
Name: BRUDER, JOHN F  
Address: 11550 N MERIDIAN, SUITE 275  
City-St-Zip: CARMEL, IN 46032

Title: MGRM (X) Delete  
Name: URBANSKI, BRIAN  
Address: 11550 N MERIDIAN, SUITE 275  
City-St-Zip: CARMEL, IN 46032

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HILGER, CHRISTOPHER M  
Address: 1320 CITY CENTER DRIVE, SUITE 300  
City-St-Zip: CARMEL, IN 46032

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: CHRISTOPHER M. HILGER

MGR

04/12/2008

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