

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001518

Entity Name: ALLIED SOLUTIONS, LLC

FILED  
Jan 05, 2011  
Secretary of State

**Current Principal Place of Business:**

1320 CITY CENTER DRIVE, SUITE 300  
CARMEL, IN 46032

**New Principal Place of Business:**

**Current Mailing Address:**

1320 CITY CENTER DRIVE, SUITE 300  
CARMEL, IN 46032

**New Mailing Address:**

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  
Name: HILGER, CHRISTOPHER M  
Address: 400 ROBERT STREET NORTH, A8-4765  
City-St-Zip: ST. PAUL, MN 55101

Title: MGR  
Name: HILGER, PETER  
Address: 1320 CITY CENTER DRIVE, SUITE 300  
City-St-Zip: CARMEL, IN 46032

Title: MGR  
Name: LIUM, ROBERT J  
Address: 2850 N. DALLAS PARKWAY, THIRD FLOOR  
City-St-Zip: PLANO, TX 75093

Title: MGR  
Name: RADEL, DWAYNE  
Address: 400 ROBERT STREET NORTH, #21-3747  
City-St-Zip: ST. PAUL, MN 55101

Title: MGR  
Name: ZACCARO, WARREN J  
Address: 132400 ROBERT STREET NORTH, #21-5475  
City-St-Zip: ST. PAUL, MN 55101

I hereby 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: PATRICIA A MCGARRY

SECY

01/05/2011

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