2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001649

Entity Name: AVENDRA REPLENISHMENT, LLC

FILED Apr 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O AVENDRA, LLC 702 KING FARM BLVD SUITE 600 702 KING FARM BLVD., STE. 600 ROCKVILLE, MD 20850

ROCKVILLE, MD 20850

Current Mailing Address: New Mailing Address:

C/O AVENDRA, LLC
702 KING FARM BLVD., STE. 600
702 KING FARM BLVD., STE. 600
702 KING FARM BLVD., STE. 600
702 KING FARM BLVD SUITE 600
ROCKVILLE, MD 20850

702 KING FARM BLVD., STE. 600 ROCKVILLE, MD 2085 ROCKVILLE, MD 20850

FEI Number: 52-2331191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 AVENDRA LLC,
 Name:
 AVENDRA LLC,

 Address:
 702 KING FARM BLVD STE 600
 Address:
 702 KING FARM BLVD SUITE 600

 City-St-Zip:
 ROCKVILLE, MD 20850
 City-St-Zip:
 ROCKVILLE, MD 20850

I hereby certify that the information supplied with this filing does not qualify for the 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: AVENDRA LLC MGRM 04/03/2007