

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001798

Entity Name: GH CAPITAL PARTNERS, LLC

FILED  
Jan 22, 2009  
Secretary of State

## Current Principal Place of Business:

10 CAMPUS BLVD.  
NEWTOWN SQUARE, PA 19073

## New Principal Place of Business:

## Current Mailing Address:

10 CAMPUS BLVD.  
NEWTOWN SQUARE, PA 19073

## New Mailing Address:

FEI Number: 23-3018225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR. STE A  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: HOLLOWAY, GARY M  
Address: 10 CAMPUS BLVD.  
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: VP ( ) Delete  
Name: ROBINSON, BRUCE  
Address: 10 CAMPUS BLVD.  
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: ASEC ( ) Delete  
Name: DIGIUSEPPE, ROBERT  
Address: 10 CAMPUS BLVD.  
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: ASEC ( ) Delete  
Name: CARDAMONE, ANTHONY J  
Address: 10 CAMPUS BLVD.  
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: VP ( ) Delete  
Name: HOLLOWAY, JR, GARY M  
Address: 10 CAMPUS BLVD  
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: VP/S ( ) Delete  
Name: MACCHIONE, JOSEPH M  
Address: 10 CAMPUS BLVD  
City-St-Zip: NEWTOWN SQUARE, PA 19073

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MACCHIONE, JOSEPH M  
Address: 10 CAMPUS BLVD.  
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: T (X) Change ( ) Addition  
Name: DIGIUSEPPE, ROBERT  
Address: 10 CAMPUS BLVD.  
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: AVP (X) Change ( ) Addition  
Name: CARDAMONE, ANTHONY J  
Address: 10 CAMPUS BLVD.  
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AVP (X) Change ( ) Addition  
Name: KENNEDY, JAMES I  
Address: 10 CAMPUS BLVD  
City-St-Zip: NEWTOWN SQUARE, PA 19073

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: JAMES I. KENNEDY

AVP

01/22/2009

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