


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90370 011 ****50.00

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|--|--|--|--|--|---------------------|
| DOCUMENT # M02000001291 1. Entity Name AMERICAN INTERNATIONAL RELOCATION SOLUTIONS, LLC | | | |  | |
| Principal Place of Business 111 TECHNOLOGY DRIVE SECOND FLOOR PITTSBURGH, PA 15275 | | | Mailing Address 111 TECHNOLOGY DRIVE SECOND FLOOR PITTSBURGH, PA 15275 | | |
| 2. Principal Place of Business - No P.O. Box # Park West Two, 6th Floor | | 3. Mailing Address Park West Two, 6th Floor | | | |
| Suite, Apt. #, etc. 2000 Cliff Mine Road | | Suite, Apt. #, etc. 2000 Cliff Mine Road | | | |
| City & State Pittsburgh, PA | | City & State Pittsburgh, PA | | 4. FEI Number 25-1866511 | |
| Zip 15275 | | Country Allegheny | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PUTT, JAMES L 28861 CAVELL TERRACE NAPLES, FL 34119 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PUTT, BRYAN S 111 TECHNOLOGY DRIVE, SECOND FLOOR PITTSBURGH, PA 15275 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 119 Simmons Road McMurray, PA 15317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes. | | | | | |
| SIGNATURE: Bryan S. Putt | | | 02/09/07 | | 412-788-0461 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date | | Daytime Phone # |

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
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| SIGNATURE: Bryan S. Putt | | | 02/09/07 | | 412-788-0461 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |

ATTACHMENT

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