

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001291

**FILED**  
**Apr 25, 2008**  
**Secretary of State**

**Entity Name:** AMERICAN INTERNATIONAL RELOCATION SOLUTIONS, LLC

**Current Principal Place of Business:**

PARK WEST TWO, 6T FLOOR  
2000 CLIFF MINE RD  
PITTSBURGH, PA 15275

**New Principal Place of Business:**

PARK WEST TWO, 6TH FLOOR  
2000 CLIFF MINE RD  
PITTSBURGH, PA 15275

**Current Mailing Address:**

PARK WEST TWO, 6T FLOOR  
2000 CLIFF MINE RD  
PITTSBURGH, PA 15275

**New Mailing Address:**

PARK WEST TWO, 6TH FLOOR  
2000 CLIFF MINE RD  
PITTSBURGH, PA 15275

**FEI Number:** 25-1866511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PUTT, JAMES L  
28861 CAVELL TERRACE  
NAPLES, FL 34119 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: PUTT, BRYAN S  
Address: 119 SIMMONS RD  
City-St-Zip: MCMURRAY, PA 15317

**ADDITIONS/CHANGES:**

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: BRYAN S. PUTT

MGR

04/25/2008

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