

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000003095

**Entity Name:** TRS SUBSIDIARY, LLC

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

309 NORTH 5TH STREET  
NORFOLK, NE 68701

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1448  
NORFOLK, NE 68701

**New Mailing Address:**

FEI Number: 52-2356700      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: WALTERS, KELLY A  
Address: 309 NORTH 5TH STREET  
City-St-Zip: NORFOLK, NE 68701

Title: TREA  
Name: WALTER, DAVID L  
Address: 309 NORTH 5TH STREET  
City-St-Zip: NORFOLK, NE 68702

Title: VP  
Name: SCARPELLO, CORRINE L  
Address: 309 NORTH 5TH STREET  
City-St-Zip: NORFOLK, NE 68701

Title: VP  
Name: GILBERT, STEVE C  
Address: 309 NORTH 5TH STREET  
City-St-Zip: NORFOLK, NE 68701

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: KELLY A. WALTERS

PRES

02/17/2010

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