

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003320

FILED
Feb 22, 2007
Secretary of State

Entity Name: WORKSTAGE, LLC

Current Principal Place of Business:

4700 60TH ST. SE
GRAND RAPIDS, MI 49512

New Principal Place of Business:

Current Mailing Address:

4700 60TH ST. SE
GRAND RAPIDS, MI 49512

New Mailing Address:

FEI Number: 22-3731931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM () Delete
Name: COTTRELL, JOHN C
Address: 1801 FLOWERS MILL RD
City-St-Zip: GRAND RAPIDS, MI 49525

Title: MGRM () Delete
Name: RIDDLE, KENT R
Address: 5342 WATERWOOD DR
City-St-Zip: LOWELL, MI 49331

Title: MGRM () Delete
Name: WIELKOPOLSKI, KATHLEEN
Address: 200 CAMPUS DR STE 200
City-St-Zip: FLORHAM PARK, NJ 07932

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: SLAGHT, DONALD
Address: 4 BECKER FARM ROAD
City-St-Zip: ROSELAND, NJ 07068

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: JOHN COTTRELL

MGRM

02/22/2007

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