

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001113

FILED
Jan 09, 2009
Secretary of State

Entity Name: DISABILITY MANAGEMENT ALTERNATIVES, LLC

Current Principal Place of Business:

ATTN: GALINA TARANTO
9 FARM SPRINGS RD 1ST FLOOR
FARMINGTON, CT 06032

New Principal Place of Business:

ATTN: GALINA TARANTO
700 STANLEY DRIVE
NEW BRITAIN, CT 06053 US

Current Mailing Address:

ATTN: GALINA TARANTO
9 FARM SPRINGS RD 1ST FLOOR
FARMINGTON, CT 06032

New Mailing Address:

ATTN: GALINA TARANTO
P.O. BOX 1548
FARMINGTON, CT 06034 US

FEI Number: 04-3331304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: LCG HOLDINGS LLC,
Address: 570 LAKE COOK RD SUITE 106
City-St-Zip: DEERFIELD, IL 60015

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HEWITT ASSOCIATES LL, C
Address: 100 HALF DAY ROAD
City-St-Zip: LINCOLNSHIRE, IL 60015

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: MIKE J. DUNST

MR

01/09/2009

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