2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# M03000002155

Entity Name: MOBILE INTERIM SOLUTIONS, LLC

Current Principal Place of Business:

1940 N. GLASSELL
ORANGE, CA 928654314

New Principal Place of Business:

Current Mailing Address:

C/O GE HEALTHCARE FIN. SERV. -KALLIOMAA
2325 LAKEVIEW PKWY, SUITE 700
ALPHARETTA, GA 30004 US

New Mailing Address:

FEI Number: 43-1996946 **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:	MGR ( ) Delete
Name:	JOYCE, CHRISTOPHER J
Address:	1900 S. STATE COLLEGE BLVD, SUITE 600
City-St-Zip:	ANAHEIM, CA 92806
Title:	MGR ( ) Delete
Name:	GASTON, TOM JR
Address:	1900 S. STATE COLLEGE BLVD, SUITE 600
City-St-Zip:	ANAHEIM, CA 92806
Title:	MGR ( ) Delete
Name:	POAN, NICHOLAS A
Address:	1900 S. STATE COLLEGE BLVD, SUITE 600
City-St-Zip:	ANAHEIM, CA 92806
Title:	MGR ( ) Delete
Name:	ARAMBRATZIS, PETER J
Address:	20225 WATERTOWER BLVD, SUITE 300
City-St-Zip:	BROOKFIELD, WI 53045
Title:	MGR ( ) Delete
Name:	HAGSTROM, BENGT
Address:	20225 WATERTOWER BLVD, SUITE 300
City-St-Zip:	BROOKFIELD, WI 53045
Title:	MGRM (X) Delete
Name:	GENERAL ELECTRIC CAP, ITAL CORPORATI O N
Address:	3135 EASTON TURNPIKE
City-St-Zip:	FAIRFIELD, CT 06828

ADDITIONS/CHANGES:

Title:	MGR (X) Change ( ) Addition
Name:	POLISKY, ROBERT
Address:	1900 S. STATE COLLEGE BLVD, SUITE 600
City-St-Zip:	ANAHEIM, CA 92806
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	MGR (X) Change ( ) Addition
Name:	SKULTE, TODD
Address:	20225 WATERTOWER BLVD, SUITE 300
City-St-Zip:	BROOKFIELD, WI 53045
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: BENGT HAGSTROM MGR 04/28/2008

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