

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002155

FILED
May 01, 2009
Secretary of State

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:

C/O GE CAPITAL - D. SANDERS
500 WEST MONROE STREET
CHICAGO, IL 60661 US

FEI Number: 43-1996946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: POLISKY, ROBERT
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: SKULTE, TODD
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

ADDITIONS/CHANGES:

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

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

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

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

05/01/2009

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