


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000002454**

1. Entity Name  
**HORIZON NATIONAL CONTRACT SERVICES, LLC**



Principal Place of Business: **151 BODMAN PLACE, SUITE 400  
 RED BANK, NJ 07701**

Mailing Address: **151 BODMAN PLACE, SUITE 400  
 RED BANK, NJ 07701**

**DO NOT WRITE IN THIS SPACE**



02282006No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>72-1564501</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

U00000576386  
 09/07/06-80003-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, MICHAEL 151 BODMAN PLACE, SUITE 400 RED BANK, NJ 07701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADELINE, LLC 450 PARK AVENUE NEW YORK, NY 10022
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Karen Udvarhelyi*      KAREN UDVARHELYI 9/1/06 730 945 1730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #