2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M03000003061

1. Entity Name
INTELLIGRATED SYSTEMS, LLC

Principal Place of Business	Mailing Address
7901 INNOVATION WAY MASON, OH 45040-9498	7901 INNOVATION WAY MASON, OH 45040-9498

DO NOT WRITE IN THIS SPACE

01052005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
31-1815356	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COLE, CHRISTOPHER C
STREET ADDRESS	7901 INNOVATION WAY
CITY-ST-ZIP	MASON, OH 450409498
TITLE	MGRM
NAME	MCCARTHY, JAMES R
STREET ADDRESS	7901 INNOVATION WAY
CITY-ST-ZIP	MASON, OH 450409498
TITLE	MGRM
NAME	TEFEND, MARK B
STREET ADDRESS	7901 INNOVATION WAY
CITY-ST-ZIP	MASON, OH 450409498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/17/05-80065-025 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ MARK B. TEFEND   3-10-05   513-701-7300

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