2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006
Secretary of State

DOCUMENT# M03000003497

Entity Name: VENDOR MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

345 ROUSER ROAD, BLDG. NO. 5
CORAOPOLIS, PA 15108

New Principal Place of Business:

Current Mailing Address:

345 ROUSER ROAD, BLDG. NO. 5
CORAOPOLIS, PA 15108

New Mailing Address:

15090 AVENUE OF SCIENCE
SAN DIEGO, CA 92128

FEI Number: 57-1178047 **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: AZUR, FRANCIS H
Address: 345 ROUSER ROAD, BLDG. NO. 5
City-St-Zip: CORAOPOLIS, PA 15108

Title: MGR ( ) Delete
Name: AZUR, CHRISTOPHER F
Address: 345 ROUSER ROAD, BLDG. NO. 5
City-St-Zip: CORAOPOLIS, PA 15108

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KONRATH, JAMES A
Address: 15090 AVENUE OF SCIENCE
City-St-Zip: SAN DIEGO, CA 92128

Title: MGR (X) Change ( ) Addition
Name: LYDON, JOSEPH J
Address: 15090 AVENUE OF SCIENCE
City-St-Zip: SAN DIEGO, CA 92128

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES A KONRATH MGR 03/24/2006

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