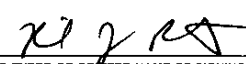


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90009 048 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |                                                                    |                                                                                     |                                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M03000003913</b><br>1. Entity Name<br><b>VISINITY, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |                                                                    |                                                                                     |                                                                                            |  |
| Principal Place of Business<br><b>2400 YORKMONT RD<br/>CHARLOTTE, NC 28217</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                    | Mailing Address<br><b>C/O TAX DEPT<br/>2400 YORKMONT RD<br/>CHARLOTTE, NC 28217</b> |                                                                                                                                                                             |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.                      |                                                                                     |                                                                                                                                                                             |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 | City & State                                                       |                                                                                     |                                                                                                                                                                             |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                         | Zip                                                                | Country                                                                             | 4. FEI Number<br><b>44-1693741 20-1641768</b>                                                                                                                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                                                    |                                                                                     | Applied For<br>Not Applicable                                                                                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 |                                                                    |                                                                                     | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                         |                                                                                                                 |                                                                    |                                                                                     |                                                                                                                                                                             |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 | <b>Make check payable to</b><br><b>Florida Department of State</b> |                                                                                     |                                                                                                                                                                             |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |                                                                    | <b>10. ADDITIONS/CHANGES</b>                                                        |                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>S</b><br><b>BEST VENDORS MANAGEMENT CO., INC.</b><br><b>2400 YORKMOONT RD.</b><br><b>CHARLOTTE, NC 28217</b> |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Delete                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                 |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                 |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                 |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                 |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                 |                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| 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. |                                                                                                                 |                                                                    |                                                                                     |                                                                                                                                                                             |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                    | <b>RICHARD J. ROSSITCH</b><br><b>ASSISTANT SECRETARY</b>                            |                                                                                                                                                                             |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                    | Date <b>4/21/08</b> Daytime Phone #                                                 |                                                                                                                                                                             |  |

ATTACHMENT

60027627

VISINITY, LLC #M03000003913  
Corporate Data Sheet

**Corporation Name:** Visinity, LLC  
**Address:** 2400 Yorkmont Road  
Charlotte, NC 28217  
**FEIN Number:** 20-1641768

| Sole Member                           | Percentage Owned | Date Issued |
|---------------------------------------|------------------|-------------|
| Best Vendors Management Company, Inc. | 100%             | 12/11/03    |

**Authorized Signers**

Anthony P. McDonald  
C. Phillip Wells  
Dale Whetstone  
Gary Z. Zauf  
Kristin E. Briotte  
Deborah K. Delano  
Richard J. Rossitch  
Nicole Tharrinton

**TITLE**

President  
Sr. VP, General Counsel & Secretary  
Chief Financial Officer  
Treasurer  
Assistant Secretary  
Assistant Secretary – Tax  
Assistant Secretary  
Assistant Secretary