2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Feb 24, 2004 8:00 am Secretary of State **DOCUMENT # M03000004254** 02-24-2004 90101 002 ****50 00 1. Entity Name ANALYSTS INTERNATIONAL BUSINESS RESOURCE SERVICES, LLC Principal Place of Business Mailing Address 3601 WEST 76TH STREET 3601 WEST 76TH STREET MINNEAPOLIS, MN 55435 MINNEAPOLIS, MN 55435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172004 CR2E083 (10/03) Chg-LLC Applied For City & State City & State 4. FEI Number 20-0477033 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE, FL 32301 City Zip Code 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) an are tablelable to the are Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to act in Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE ☐ Change Addition ☐ Delete ANALYSTS INTERNATIONAL CORPORATION NAME NAME 3601 WEST 76TH STREET STREET ADDRESS STREET ADDRESS MINNEAPOLIS, MN 55435 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE MANAGER Change X Addition TITLE NAME NAME MICHAEL J. LAVELLE STREET ADDRESS STREET ADDRESS 3601 WEST 76TH STREET CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS, MN 55435 MANAGER COLLEEN M. DAVENPORT 3601 WEST 76TH STREET ☐ Change X Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS MINNEAPOLIS, MN 55435 CITY-ST-ZIP CITY-ST-ZIP MANAGER X Addition TITLE ☐ Delete TITLE Change DAVID J. STEICHEN 3601 WEST776TH STREET NAME NAME STREET ADDRESS STREET ADDRESS MINNEAPOLIS, MN 55435 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED DAVID J. STEICHEN

AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/17/04

952-835-5900

FILED