

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000648

FILED
Jun 30, 2005
Secretary of State

Entity Name: DEALER IMPACT SYSTEMS, L.L.C.

Current Principal Place of Business:

7725 DOUGLAS AVENUE
URBANDALE, IA 50322

New Principal Place of Business:

Current Mailing Address:

7725 DOUGLAS AVENUE
URBANDALE, IA 50322

New Mailing Address:

FEI Number: 39-1946535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: COX, BRIAN T
Address: 8119 HARDWICK DR.
City-St-Zip: JOHNSTON, IA 50131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: LAMMERS, GEORGE M
Address: PO BOX 1056
City-St-Zip: LAKE GENEVA, WI 53147

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: HARPER, LAURIE J
Address: 2511 SE 18TH COURT
City-St-Zip: DES MOINES, IA 50320

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN COX

MGR

06/30/2005

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