

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000648

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

7725 DOUGLAS AVENUE
URBAN DALE, IA 50322

New Principal Place of Business:

Current Mailing Address:

7725 DOUGLAS AVENUE
URBAN DALE, IA 50322

New Mailing Address:

FEI Number: 39-1946535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: COX, BRIAN T
Address: 8119 HARDWICK DR.
City-St-Zip: JOHNSTON, IA 50131

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

Title: MGR () Delete
Name: HARPER, LAURIE J
Address: 507 19TH ST SW
City-St-Zip: ALTOONA, IA 50009

ADDITIONS/CHANGES:

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

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

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

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

P

04/27/2009

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