2005 LIMITED LIABILITY COMPANY

FILED Apr 27, 2005 8:00 am Secretary of State

Daytime Phone #

ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAM

04-27-2005 90037 006 ****50.00 DOCUMENT # M0400000658 NCONTROL SYSTEMS INTEGRATION, LLC Principal Place of Business Mailing Address 14002245 274 COMMERCE PARK DRIVE, STE. D 274 COMMERCE PARK DRIVE, STE. D RIDGELAND, MS 39157 RIDGELAND, MS 39157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-0269469 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П 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) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Addition ☐ Change MOORE, SHANNON NAME NAME 274 COMMERCE PARK DRIVE, STE, D STREET ADDRESS STREET ADORESS CITY-ST-ZIP RIDGELAND, MS 39157 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP 11. Thereby certify that the information supplied with this filing 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 it 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:

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE