2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003528

3701 ALGONQUIN ROAD, SUITE 600

ROLLING MEADOWS, IL 60008

Address:

City-St-Zip:

Entity Name: RELATIONAL, LLC

FILED Mar 16, 2007 Secretary of State

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
	DNQUIN ROAE MEADOWS, IL		SUITE 600	3701 ALGONQUIN ROAD SUITE 600 ROLLING MEADOWS, IL 60008		
Current Ma	ailing Addres	s:	New Maili	New Mailing Address:		
3701 ALGONQUIN ROAD, SUITE 600 ROLLING MEADOWS, IL 60008			SUITE 600	3701 ALGONQUIN ROAD SUITE 600 ROLLING MEADOWS, IL 60008		
FEI Number:	83-0398102	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
The above in the State		submits this statement for the pu	rpose of changing i	ts registered of	ffice or registered agent, or both	
SIGNATUR						
	Electron	ic Signature of Registered Agen	t		Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/0	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	STACHUISKI, M 3701 ALGONQU	Delete IARK E JIN ROAD, SUITE 600 DOWS, IL 60008	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	CZAJA, CHRIST 3701 ALGONQU	Delete TOPHER M JIN ROAD, SUITE 600 DOWS, IL 60008	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	EHLERS, JEFF 3701 ALGONQU	Delete REY H JIN ROAD, SUITE 600 DOWS, IL 60008	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	HOPLAMAZIAN,	DR., SUITE 4700	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name:	S () UMANS, ALLAN	Delete	Title: Name:	S (X) FRANKEL, DEA	Change()Addition N A	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

3701 ALGONQUIN ROAD, SUITE 600

ROLLING MEADOWS, IL 60008

SIGNATURE: JEFFREY H. EHLERS CEO 03/16/2007