2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008
Secretary of State

DOCUMENT# M04000003528

Entity Name: RELATIONAL, LLC

Current Principal Place of Business:

3701 ALGONQUIN ROAD
SUITE 600
ROLLING MEADOWS, IL 60008

New Principal Place of Business:

Current Mailing Address:

3701 ALGONQUIN ROAD
SUITE 600
ROLLING MEADOWS, IL 60008

New Mailing Address:

FEI Number: 83-0398102 **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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	SVP	( ) Delete
Name:	STACHUISKI, MARK E	
Address:	3701 ALGONQUIN ROAD, SUITE 600	
City-St-Zip:	ROLLING MEADOWS, IL 60008	
Title:	VPT	( ) Delete
Name:	CZAJA, CHRISTOPHER M	
Address:	3701 ALGONQUIN ROAD, SUITE 600	
City-St-Zip:	ROLLING MEADOWS, IL 60008	
Title:	CEO	( ) Delete
Name:	EHLERS, JEFFREY H	
Address:	3701 ALGONQUIN ROAD, SUITE 600	
City-St-Zip:	ROLLING MEADOWS, IL 60008	
Title:	VP	( ) Delete
Name:	HOPLAMAZIAN, MARK S	
Address:	71 S WACKER DR., SUITE 4700	
City-St-Zip:	CHICAGO, IL 60606	
Title:	S	( ) Delete
Name:	FRANKEL, DEAN A	
Address:	3701 ALGONQUIN ROAD, SUITE 600	
City-St-Zip:	ROLLING MEADOWS, IL 60008	

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:	
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: DEAN A FRANKEL S 05/27/2008

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