

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003528

Entity Name: RELATIONAL, LLC

FILED
Feb 05, 2009
Secretary of State

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 ()

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: STACHULSKI, 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 (X) Delete
Name: FRANKEL, DEAN A
Address: 3701 ALGONQUIN ROAD, SUITE 600
City-St-Zip: ROLLING MEADOWS, IL 60008

ADDITIONS/CHANGES:

Title: SVP (X) Change () Addition
Name: STACHULSKI, MARK E
Address: 3701 ALGONQUIN ROAD, SUITE 600
City-St-Zip: ROLLING MEADOWS, IL 60008

Title: T (X) Change () Addition
Name: STACHULSKI, MARK E
Address: 3701 ALGONQUIN ROAD, SUITE 600
City-St-Zip: ROLLING MEADOWS, IL 60008

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

Title: S (X) Change () Addition
Name: FRANKEL, DEAN A
Address: 3701 ALGONQUIN ROAD, SUITE 600
City-St-Zip: ROLLING MEADOWS, IL 60008

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: JEFFREY H. EHLERS

MGR

02/05/2009

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