

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003884

FILED  
Feb 26, 2008  
Secretary of State

Entity Name: SCOTT LABORATORY SOLUTIONS, LLC

**Current Principal Place of Business:**

7216 BALL CAMP PIKE  
KNOXVILLE, TN 37931 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 52046  
KNOXVILLE, TN 37950 US

**New Mailing Address:**

FEI Number: 20-1413282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PEREZ, TRACY  
4540 TREELINE DRIVE  
PENSACOLA, FL 32504 US

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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: DAWN FRANTZ

02/26/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCOTT, TIM  
Address: 7216 BALL CAMP PIKE  
City-St-Zip: KNOXVILLE, TN 37931

Title: MGR ( ) Delete  
Name: SCOTT, TODD  
Address: 7216 BALL CAMP PIKE  
City-St-Zip: KNOXVILLE, TN 37931

**ADDITIONS/CHANGES:**

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: TIM SCOTT

PRES

02/26/2008

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