

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