

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001996

FILED
Mar 09, 2012
Secretary of State

Entity Name: ADVANTAGE SALES & MARKETING LLC

Current Principal Place of Business:

18100 VON KARMAN AVENUE
SUITE 1000
IRVINE, CA 92612

New Principal Place of Business:

Current Mailing Address:

18100 VON KARMAN AVENUE
SUITE 1000
IRVINE, CA 92612

New Mailing Address:

ATTN: LEGAL DEPT. 18100 VON KARMAN AVENUE
SUITE 1000
IRVINE, CA 92612

FEI Number: 33-0777131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: MGR
Name: KING, SONNY
Address: 18100 VON KARMAN AVE, STE. 1000
City-St-Zip: IRVINE, CA 92612

Title: MGR
Name: DOMIER, TANYA
Address: 18100 VON KARMAN AVE, STE. 1000
City-St-Zip: IRVINE, CA 92612

Title: MGR
Name: MEGRUE, JOHN
Address: 601 LEXINGTON AVENUE, 53RD FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: MGR
Name: TRUWIT, MITCH
Address: 601 LEXINGTON AVENUE, 53RD FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: MGR
Name: PELLIGRINI, ALEX
Address: 601 LEXINGTON AVENUE, 53RD FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: MGR
Name: CLARK, THOMAS
Address: 601 LEXINGTON AVENUE, 53RD FLOOR
City-St-Zip: NEW YORK, NY 10022

I hereby 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: SONNY KING

MGR

03/09/2012

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