

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002691

FILED
Feb 22, 2007
Secretary of State

Entity Name: OSS SERVICES, LLC

Current Principal Place of Business:

1050 TOWER LANE
BENSENVILLE, IL 60106

New Principal Place of Business:

Current Mailing Address:

1050 TOWER LANE
BENSENVILLE, IL 60106

New Mailing Address:

FEI Number: 20-1799654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM () Delete
Name: LYMAN, JAMES P
Address: 1050 TOWER LANE
City-St-Zip: BENSNEVILLE, IL 60106

Title: MGRM () Delete
Name: CHAM, LESLIE
Address: 1050 TOWER LANE
City-St-Zip: BENSNEVILLE, IL 60106

Title: MGRM () Delete
Name: LAKE CLEANING PROPER, TIES, LLC
Address: 55 E MONROE, SUITE 1890
City-St-Zip: CHICAGO, IL 60603

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CHARM, LESLIE
Address: 1050 TOWER LANE
City-St-Zip: BENSNEVILLE, IL 60106

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES P. LYMAN

MGRM

02/22/2007

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