2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2009
Secretary of State

DOCUMENT# M05000005859

Entity Name: PROLINE SOLUTIONS GROUP, LLC

Current Principal Place of Business:

908 NIAGARA FALLS BOULEVARD, SUITE 245
NORTH TONAWANDA, NY 14120

New Principal Place of Business:

15 WILLOW RIDGE DRIVE
AMHERST, NY 14228

Current Mailing Address:

908 NIAGARA FALLS BOULEVARD, SUITE 245
NORTH TONAWANDA, NY 14120

New Mailing Address:

15 WILLOW RIDGE DRIVE
AMHERST, NY 14228

FEI Number: 20-3255499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: MGR ( ) Delete
Name: MALONEY, PATRICK M
Address: 908 NIAGARA FALLS BOULEVARD, SUITE 245
City-St-Zip: NORTH TONAWANDA, NY 14120

Title: MGR ( ) Delete
Name: LOVULLO, MICHAEL J
Address: 908 NIAGARA FALLS BOULEVARD, SUITE 245
City-St-Zip: NORTH TONAWANDA, NY 14120

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MALONEY, PATRICK M
Address: 15 WILLOE RIDGE DRIVE
City-St-Zip: AMHERST, NY 14228

Title: MGR (X) Change ( ) Addition
Name: LOVULLO, MICHAEL J
Address: 15 WILLOW RIDGE DRIVE
City-St-Zip: AMHERST, NY 14228

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: MICHAEL LOVULLO MR 06/12/2009

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