## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M06000000058

City-St-Zip:

Entity Name: COMPASS OFFICE SOLUTIONS LLC

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	COND STREE <sup>T</sup> NE, IA 52761	-			
Current M	lailing Addres	s:	New Mailing Address:		
	COND STREET NE, IA 52761	-			
FEI Number	: 20-4013098	FEI Number Applied For()	FEI Number Not	t Applicable()	Certificate of Status Desired ( )
Name and	l Address of C	urrent Registered Agent:	Name	and Address	of New Registered Agent:
1200 SOU	PORATION SYS TH PINE ISLAN ION, FL 33324	ID ROAD			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of chang	ging its registere	ed office or registered agent, or both
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent		Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () JUNGBLUTH, EI 408 E. SECONE MUSCATINE, IA	STREET	Title: Name: Address City-St-		(X) Change()Addition GENE COND STREET IE, IA 52761
Title: Name: Address: City-St-Zip:	MGR () WHARTON, DOI 408 E. SECONE MUSCATINE, IA	STREET	Title: Name: Address City-St-		(X) Change ( ) Addition N, JASON COND STREET IE, IA 52761
Title: Name: Address: City-St-Zip:	WHITE, WILLIA	AL HIGHWAY, STE. 250	Title: Name: Address City-St-		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DIAZ, JOSE	Delete AL HIGHWAY, STE 250 LE, FL 33304	Title: Name: Address City-St-		() Change () Addition
Title: Name: Address:	( )	Delete	Title: Name:	MGR MURPHY, I	( ) Change (X) Addition MICHAEL SECOND STREET

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.

City-St-Zip: MUSCATINE, IA 52761

SIGNATURE: JEFFREY D LORENGER VP/S 01/07/2008