2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# M06000000058

Entity Name: COMPASS OFFICE SOLUTIONS LLC

Current Principal Place of Business:

408 E. SECOND STREET
MUSCATINE, IA 52761

New Principal Place of Business:

Current Mailing Address:

408 E. SECOND STREET
MUSCATINE, IA 52761

New Mailing Address:

FEI Number: 20-4013098 **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:

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: MGR ( ) Delete
Name: SUNG, EUGENE
Address: 408 E. SECOND STREET
City-St-Zip: MUSCATINE, IA 52761

Title: MGR ( ) Delete
Name: HAGEDORN, JASON
Address: 408 E. SECOND STREET
City-St-Zip: MUSCATINE, IA 52761

Title: MGR ( ) Delete
Name: WHITE, WILLIAM
Address: 1500 N. FEDERAL HIGHWAY, STE. 250
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: MGR ( ) Delete
Name: DIAZ, JOSE
Address: 1500 N. FEDERAL HIGHWAY, STE 250
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: MGR ( ) Delete
Name: MURPHY, MICHAEL
Address: 408 EAST SECOND STREET
City-St-Zip: MUSCATINE, IA 52761

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LORGENGER, JEFFREY D
Address: 408 E. SECOND STREET
City-St-Zip: MUSCATINE, IA 52761

Title: MGR (X) Change ( ) Addition
Name: SIEBEN, BRANDON
Address: 408 E. SECOND STREET
City-St-Zip: MUSCATINE, IA 52761

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

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: STEVEN M. BRADFORD VP/S 06/15/2009

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