2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000148

Entity Name: BIZCAPITAL BIDCO II, L.L.C.

FILED Apr 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

909 POYDRAS STREET **SUITE 2230** NEW ORLEANS, LA 70112

New Mailing Address: Current Mailing Address:

909 POYDRAS STREET **SUITE 2230** NEW ORLEANS, LA 70112

FEI Number: 20-2043293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STULL, STEVEN T STULL, STEVEN T

16750 GULF BLVD., NO. 416 201 EÁST KENNEDY BLVD. ST. PETERSBURG, FL 33708 SUITE 950 US TAMPA, FL 33602 US

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:

04/14/2008 Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete (X) Change () Addition

STULL, STEVEN T Name: STULL, STEVEN T Name: 16750 GULF BLVD., NO. 416 Address: 201 EAST KENNEDY BLVD., SUITE 950 Address:

City-St-Zip: ST. PETERSBURG, FL 33708 City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete Title: () Change () Addition

JOHNSON, MICHAEL T Name: Name: Address: 909 POYDRAS STREET, SUITE 2230 Address: City-St-Zip: NEW ORLEANS, LA 70112 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

BROWN, CRICHTON W Name: Name: 909 POYDRAS STREET, SUITE 2230 Address: Address: City-St-Zip: NEW ORLEANS, LA 70112 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

ZAJAC, SCOTT A Name: Name: 7733 FORSYTH BOULEVARD, SUITE 1850 Address: Address: City-St-Zip: ST. LOUIS, MO 63105 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition

BROCATO, JOHN M Name: Name: LOUIS, DUBUQUE T

909 POYDRAS STREET, SUITE 2230 7733 FORSYTH BOULEVARD, SUITE 1850 Address: Address:

City-St-Zip: NEW ORLEANS, LA 70112 City-St-Zip: ST. LOUIS, MO 63105

Title: () Delete Title: () Change (X) Addition

CHARLES, BOOKER H Name: Name:

Address: Address: 909 POYDRAS STREET, SUITE 2230 NEW ORLEANS, LA 70112 City-St-Zip: 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 T. STULL 04/14/2008