

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000148

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

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

909 POYDRAS STREET
SUITE 2230
NEW ORLEANS, LA 70112

New Principal Place of Business:

Current Mailing Address:

909 POYDRAS STREET
SUITE 2230
NEW ORLEANS, LA 70112

New Mailing Address:

FEI Number: 20-2043293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STULL, STEVEN T
201 EAST KENNEDY BLVD.
SUITE 950
TAMPA, FL 33602 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: STULL, STEVEN T
Address: 201 EAST KENNEDY BLVD., SUITE 950
City-St-Zip: TAMPA, FL 33602

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

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

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

Title: MGR () Delete
Name: LOUIS, DUBUQUE T
Address: 7733 FORSYTH BOULEVARD, SUITE 1850
City-St-Zip: ST. LOUIS, MO 63105

Title: MGR () Delete
Name: CHARLES, BOOKER H
Address: 909 POYDRAS STREET, SUITE 2230
City-St-Zip: NEW ORLEANS, LA 70112

ADDITIONS/CHANGES:

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

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

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

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: CHARLES H. BOOKER

MGR

03/20/2009

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