2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# M06000001070

Entity Name: INTEGRATED COMPLIANCE SOLUTIONS, L.L.C.

Current Principal Place of Business:

341 NEW ALBANY ROAD
SUITE 140
MOORESTOWN, NJ 08057

New Principal Place of Business:

Current Mailing Address:

341 NEW ALBANY ROAD
SUITE 140
MOORESTOWN, NJ 08057

New Mailing Address:

FEI Number: 61-1423075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR. SUITE A
TALLAHASSEE, FL 32301 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:	SOFFRONOFF, JOHN C JR	
Address:	341 NEW ALBANY ROAD	
City-St-Zip:	MOORESTOWN, NJ 08057	
Title:	MGR	( ) Delete
Name:	WHITE, JOHN F	
Address:	341 NEW ALBANY ROAD	
City-St-Zip:	MOORESTOWN, NJ 08057	
Title:	MGR	( ) Delete
Name:	PALMER, JOHN E	
Address:	341 NEW ALBANY ROAD	
City-St-Zip:	MOORESTOWN, NJ 08057	
Title:	MGR	( ) Delete
Name:	APPLEGATE, HENRY M	
Address:	341 NEW ALBANY ROAD	
City-St-Zip:	MOORESTOWN, NJ 08057	

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:	

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: KIM BUBELLO AM 03/17/2009

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