

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003709

FILED
Jan 16, 2009
Secretary of State

Entity Name: ANSERTEAM, L.L.C.

Current Principal Place of Business:

577 MOON CLINTON ROAD
CORAOPOLIS, PA 15108

New Principal Place of Business:

16930 ROBBINS ROAD
SUITE 105
GRAND HAVEN, MI 49417-278

Current Mailing Address:

577 MOON CLINTON ROAD
CORAOPOLIS, PA 15108

New Mailing Address:

2865 EAST MARKET STREET
LOGANSPOUT, IN 46947-207

FEI Number: 26-0098804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROMANOS, SUE
10689 N KENDALL DRIVE STE 209
MIAMI, FL 33176 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: MGRM () Delete
Name: ROMANOS, SUE
Address: 10689 N KENDALL DRIVE STE 209
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: JAKEWAY, PHILIP E III
Address: 10 E 40TH STREET STE 1300
City-St-Zip: NEW YORK, NY 10016

Title: MGRM () Delete
Name: FREEMAN, VALERIE
Address: 5550 LBJ FREEWAY, NO. 150
City-St-Zip: DALLAS, TX 75240

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:

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: SUE ROMANOS

MGRM

01/16/2009

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