

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001605

Entity Name: AMRISC GP, LLC

FILED  
May 03, 2008  
Secretary of State

## Current Principal Place of Business:

3605 GLENWOOD AVENUE  
RALEIGH, NC 27612

## New Principal Place of Business:

200 WEST 2ND ST, 3RD FLOOR  
WINSTON SALEM, NC 27101

## Current Mailing Address:

3605 GLENWOOD AVENUE  
RALEIGH, NC 27612

## New Mailing Address:

200 WEST 2ND ST, 3RD FLOOR  
WINSTON SALEM, NC 27101

FEI Number: 20-5178459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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: REECE, H WADE  
Address: 3605 GLENWOOD AVENUE  
City-St-Zip: RALEIGH, NC 27612

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: REECE, H WADE  
Address: 200 WEST 2ND ST, 3RD FLOOR  
City-St-Zip: WINSTON SALEM, NC 27101

Title: MGR ( ) Change (X) Addition  
Name: PRUETT, DAVID  
Address: 200 WEST 2ND ST, 3RD FLOOR  
City-St-Zip: WINSTON SALEM, NC 27101

Title: MGR ( ) Change (X) Addition  
Name: PEED, R. DANIEL  
Address: 200 WEST 2ND ST, 3RD FLOOR  
City-St-Zip: WINSTON SALEM, NC 27101

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: CRYSTAL FICKEN

POA

05/03/2008

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