

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001605

Entity Name: AMRISC GP, LLC

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

1209 ORANGE STREET
WILMINGTON, DE 19801

Current Mailing Address:

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

New Mailing Address:

1209 ORANGE STREET
WILMINGTON, DE 19801

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: 200 WEST 2ND ST, 3RD FLOOR
City-St-Zip: WINSTON SALEM, NC 27101

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REECE, H. WADE
Address: 1209 ORANGE STREET
City-St-Zip: WILMINGTON, DE 19801

Title: MGR (X) Change () Addition
Name: PRUETT, DAVID
Address: 1209 ORANGE STREET
City-St-Zip: WILMINGTON, DE 19801

Title: MGR (X) Change () Addition
Name: PEED, R. DANIEL
Address: 1209 ORANGE STREET
City-St-Zip: WILMINGTON, DE 19801

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: MANDELINE HENDRICKS

POA

04/10/2009

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