

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90167 029 ***138.75

DOCUMENT # M07000003673

1. Entity Name
INTEGRITY SETTLEMENT PROVIDER, LLC



Principal Place of Business
**ONE FINANCIAL PLAZA, SUITE 1250
HARTFORD, CT 06103**

Mailing Address
**ONE FINANCIAL PLAZA, SUITE 1250
HARTFORD, CT 06103**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

SUITE 1055

Suite, Apt. #, etc.

SUITE 1055

City & State

City & State

Zip

Country

Zip

Country

02042008 Chg-LLC CR2E083 (12/06)

4. FEI Number
87-0770410

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
AWE, H. CAYCE
ONE FINANCIAL PLAZA, SUITE 1250
HARTFORD, CT 06103**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
STAMP, IAIN
SYSTEMS TECHNOLOGY PARK ELETTRA AVENUE
WATERLOOVILLE, UNITED KINGDOM,**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
BEZZANT, KRIS
SYSTEMS TECHNOLOGY PARK ELETTRA AVENUE
WATERLOOVILLE, UNITED KINGDOM,**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
AWE, H. CAYCE
ONE FINANCIAL PLAZA, SUITE 1055
HARTFORD, CT 06103**

☒ Change ☐ Addition

TITLE
NAME
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/14/08

Date

8607617010

Daytime Phone #