

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000004054

Entity Name: IAB SOLUTIONS LLC

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

233 NORTHERN BLVD.  
SUITE 2  
CLARKS SUMMIT, PA 18411

**New Principal Place of Business:**

**Current Mailing Address:**

233 NORTHERN BLVD.  
SUITE 2  
CLARKS SUMMIT, PA 18411

**New Mailing Address:**

FEI Number: 26-0412274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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  
Name: DELUCA, JOSEPH  
Address: 2501 PANAMA STREET  
City-St-Zip: PHILADELPHIA, PA 19103

Title: MGR  
Name: REISLEY, ROBERT  
Address: 2501 PANAMA STREET  
City-St-Zip: PHILADELPHIA, PA 19103

Title: MGR  
Name: DEMPSEY, STEVEN W  
Address: 10 WRIGHT STREET, SUITE 110  
City-St-Zip: WESTPORT, CT 06880

Title: MGR  
Name: GREEN, KENNETH E  
Address: 1016 PHEASANT RUN  
City-St-Zip: CLARKS SUMMIT, PA 18411

Title: CTRL  
Name: KOWALSKI, MICHAEL J CONTROL  
Address: 233 NORTHERN BLVD  
City-St-Zip: CLARKS SUMMIT, PA 18411 US

I hereby 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: MICHAEL J. KOWALSKI

CTRL

04/19/2010

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