

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001244

Entity Name: DEXIX LLC

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

901 W OAKTON STREET  
DES PLAINES, IL 60018

## New Principal Place of Business:

## Current Mailing Address:

901 W OAKTON STREET  
DES PLAINES, IL 60018

## New Mailing Address:

6095 PARKLAND BLVD  
SUITE 310  
MAYFIELD HTS, OH 44124

FEI Number: 54-2169311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT 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: COMAS, DANIEL L  
Address: 9099 PENNSYLVANIA AVE NW  
City-St-Zip: WASHINGTON, NC 20006

Title: MGR ( ) Delete  
Name: LUTZ, ROBERT S  
Address: 9099 PENNSYLVANIA AVE NW  
City-St-Zip: WASHINGTON, NC 20006

Title: MGR (X) Delete  
Name: DITKOFF, JAMES H  
Address: 9099 PENNSYLVANIA AVE NW  
City-St-Zip: WASHINGTON, NC 20006

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LUTZ, ROBERT S  
Address: 2099 PENNSYLVANIA AVE NW  
City-St-Zip: WASHINGTON, DC 20006

Title: MGR (X) Change ( ) Addition  
Name: MCFADEN, FRANK T  
Address: 2099 PENNSYLVANIA AVE NW  
City-St-Zip: WASHINGTON, DC 20006

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: CHARLES A. SCHWERTNER

MGR

04/17/2009

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