

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005567

Entity Name: INTEGRISYS GROUP, LLC

FILED  
Jul 28, 2009  
Secretary of State

**Current Principal Place of Business:**

832 W. SUPERIOR, SUITE 300  
CHICAGO, IL 60642

**New Principal Place of Business:**

**Current Mailing Address:**

832 W. SUPERIOR, SUITE 300  
CHICAGO, IL 60642

**New Mailing Address:**

FEI Number: 35-2229031      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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: WEINTRAUB, BRADLEY  
Address: 832 W. SUPERIOR, SUITE 300  
City-St-Zip: CHICAGO, IL 60642

Title: MGR ( ) Delete  
Name: VELAZQUEZ, GEORGE  
Address: 832 W. SUPERIOR, SUITE 300  
City-St-Zip: CHICAGO, IL 60642

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRAD WEINTRAUB

MR.

07/28/2009

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