

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000514

FILED  
Jan 13, 2010  
Secretary of State

**Entity Name:** CAMPUS AUTHENTIC LLC

**Current Principal Place of Business:**

4700 SOUTH 19TH STREET  
LINCOLN, NE 68512

**New Principal Place of Business:**

4700 SOUTH 19TH STREET  
LINCOLN, NE 68512 US

**Current Mailing Address:**

4700 SOUTH 19TH STREET  
LINCOLN, NE 68512

**New Mailing Address:**

4700 SOUTH 19TH STREET  
LINCOLN, NE 68512 US

**FEI Number:** 90-0439156

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CEO  
Name: OPPEGARD, MARK W  
Address: 4700 SOUTH 19TH STREET  
City-St-Zip: LINCOLN, NE 68512 US

Title: PRES  
Name: MAJOR, BARRY S  
Address: 4700 SOUTH 19TH STREET  
City-St-Zip: LINCOLN, NE 68512 US

Title: DIR  
Name: BONO, MARK L  
Address: 200 CLARENDON ST, 50TH FLOOR  
City-St-Zip: BOSTON, MA 02116 US

Title: TREA  
Name: SIEMEK, ALAN G  
Address: 4700 SOUTH 19TH ST  
City-St-Zip: LINCOLN, NE 68512 US

Title: SECY  
Name: HARFORD, KEVIN D  
Address: 4700 SOUTH 19TH ST  
City-St-Zip: LINCOLN, NE 68512 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: KEVIN D. HARFORD

SEC

01/13/2010

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