

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000514

FILED
Jan 18, 2011
Secretary of State

Entity Name: CAMPUS AUTHENTIC LLC

Current Principal Place of Business:

4700 SOUTH 19TH STREET
LINCOLN, NE 68512 US

New Principal Place of Business:

Current Mailing Address:

4700 SOUTH 19TH STREET
LINCOLN, NE 68512 US

New Mailing Address:

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

01/18/2011

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