2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2012
Secretary of State

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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: WELLMAN, ALEXI A
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

Title: SECY
Name: SIEMEK, ALAN G
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 Statues.

SIGNATURE: KEVIN D. HARFORD SECY 02/01/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date