

**2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Aug 21, 2012  
Secretary of State**

DOCUMENT# M10000000921

Entity Name: AMERICAN DEPOSIT MANAGEMENT, LLC

**Current Principal Place of Business:**

600 AB DATA DRIVE  
MILWAUKEE, WI 53217

**New Principal Place of Business:**

505 WELLS STREET  
SUITE 200  
DELAFIELD, WI 53018

**Current Mailing Address:**

600 AB DATA DRIVE  
MILWAUKEE, WI 53217

**New Mailing Address:**

505 WELLS STREET  
SUITE 200  
DELAFIELD, WI 53018

FEI Number: 27-0695486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T 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: MGRM  
Name: BROWN, KELLY A  
Address: 505 WELLS STREET, SUITE 200  
City-St-Zip: DELAFIELD, WI 53018

Title: MGRM  
Name: ZONDAG, ROBERT H  
Address: 505 WELLS STREET, SUITE 200  
City-St-Zip: DELAFIELD, WI 53018

Title: MGR  
Name: JENEAN, LOVELIEN  
Address: 505 WELLS STREET  
City-St-Zip: DELAFIELD, WI 53018

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: ROBERT H ZONDAG

MGRM

08/21/2012

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