

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000004517

**FILED**  
**Aug 03, 2011**  
**Secretary of State**

**Entity Name:** PSL ACQUISITIONS OPERATING, LLC

**Current Principal Place of Business:**

4333 EDGEWOOD RD., N.E.  
CEDAR RAPIDS, IO 524995443

**New Principal Place of Business:**

4333 EDGEWOOD RD., N.E.  
CEDAR RAPIDS, IA 52499555 US

**Current Mailing Address:**

4333 EDGEWOOD RD., N.E.  
CEDAR RAPIDS, IO 524995443

**New Mailing Address:**

4333 EDGEWOOD RD., N.E.  
CEDAR RAPIDS, IA 524995555

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**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: MGR  
Name: FELTMAN, DAVID  
Address: 4333 EDGEWOOD RD., N.E.  
City-St-Zip: CEDAR RAPIDS, IA 524995555

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: DAVID C. FELTMAN

MGR

08/03/2011

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