
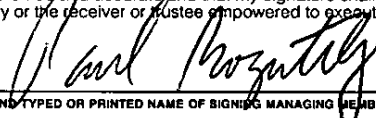


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90098 036 \*\*\*\*50.00

<b>DOCUMENT # M98000000438</b> 1. Entity Name <b>WORKFLOW SOLUTIONS LLC</b>					
Principal Place of Business <b>225 W. OLNEY ROAD NORFOLK, VA 23510</b>			Mailing Address <b>240 ROYAL PALM WAY PALM BEACH, FL 33480</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>Three Greenwich Office Park</b>  Suite, Apt. #, etc.			
City & State		City & State <b>Greenwich, CT</b>		4. FEI Number <b>54-1893769</b>	
Zip <b>06810</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATE CREATIONS NETWORK INC. 941 FORUTH STREET MIAMI BEACH, FL 33139</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>SCHMICKLE, MICHAEL L</b> <b>240 ROYAL PALM WAY</b> <b>PALM BEACH, FL 33480</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/Manager <b>Greg C. Mosher</b> <b>Three Greenwich Office Park</b> <b>Greenwich, CT 06810</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Manager <b>David M. Holland</b> <b>225 West Olney Road</b> <b>Norfolk, VA 23510</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T <b>Michael J. Polcyn</b> <b>225 West Olney Road</b> <b>Norfolk, VA 23510</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Paul H. Bogutsky</b> <b>Three Greenwich Office Park</b> <b>Greenwich, CT 06810</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <b>Michael J. Zawalski</b> <b>Three Greenwich Office Park</b> <b>Greenwich, CT 06810</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<b>SIGNATURE:</b> 			<b>Paul H. Bogutsky, CFO</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>4/11/05</b> Daytime Phone #		