

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90378 028 \*\*\*\*50.00

**DOCUMENT # M98000000438**

1. Entity Name  
**WORKFLOW SOLUTIONS LLC**



Principal Place of Business  
**THREE GREENWICH OFFICE PARK  
GREENWICH, CT 06831**

Mailing Address  
**THREE GREENWICH OFFICE PARK  
GREENWICH, CT 06831**

2. Principal Place of Business - No P.O. Box #  
**220 E. Monument Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**220 E. Monument Avenue**  
Suite, Apt. #, etc.

04032007 Chg-LLC CR2E083 (12/06)

**60039173**



City & State  
**Dayton, OH**

City & State  
**Dayton, OH**

4. FEI Number  
**54-1893769**

Applied For  
Not Applicable

Zip  
**45402**

Country  
**USA**

Zip  
**45402**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MOSHER, GREG C.  
THREE GREENWICH OFFICE PARK  
GREENWICH, CT 06831** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SHRINER, TIMOTHY J  
225 WEST OLNEY RD  
NORFOLK, VA 23510** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPST  
BOGUTSKY, PAUL H.  
THREE GREENWICH OFFICE PARK  
GREENWICH, CT 06831** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
ZAWALSKI, MICHAEL J.  
THREE GREENWICH OFFICE PARK  
GREENWICH, CT 06831** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
ORDING, THOMAS S  
220 EAST MONUMENT AVE  
DAYTON, OH 454021223** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**276 Park Avenue South, 3rd Floor  
New York, NY 10010**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**CFOT  
Jerry L. Doubler  
220 E. Monument Avenue  
Dayton, OH 45402**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**VPSAT/MGR  
276 Park Avenue South, 3rd Floor  
New York, NY 10010**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**MGR/PCEO  
220 E. Monument Avenue  
Dayton, OH 45402**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**ATAS  
Gary W. Doner  
220 E. Monument Avenue  
Dayton, OH 45402**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 17, 2007

Date

Daytime Phone #

**Gary W. Doner, Assistant Treasurer**