

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000438

Entity Name: WORKFLOW SOLUTIONS LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

220 EAST MONUMENT AVE
DAYTON, OH 45402

New Principal Place of Business:

Current Mailing Address:

220 EAST MONUMENT AVE
DAYTON, OH 45402

New Mailing Address:

FEI Number: 54-1893769

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: PMGR () Delete
Name: MOSHER, GREG C.
Address: 276 PARK AVE SOUTH 3RD FLOOR
City-St-Zip: NEW YORK, NY 10010

Title: CFOT () Delete
Name: DOUBLER, JERRY L
Address: 220 EAST MONUMENT AVE
City-St-Zip: DAYTON, OH 45402

Title: VPMG () Delete
Name: BOGUTSKY, PAUL H.
Address: 276 PARK AVE SOUTH 3RD FLOOR
City-St-Zip: NEW YORK, NY 10010

Title: S () Delete
Name: SEYMOUR, L S
Address: 276 PARK AVENUE SOUTH 3RD FLOOR
City-St-Zip: NEW YORK, NY 10010

Title: ATAS () Delete
Name: HENDRICKS, MARK L
Address: 220 EAST MONUMENT AVE
City-St-Zip: DAYTON, OH 45402

ADDITIONS/CHANGES:

Title: PMGR (X) Change () Addition
Name: DAVIS, DAVID M
Address: 220 E. MONUMENT AVENUE
City-St-Zip: DAYTON, OH 45402

Title: CFOT (X) Change () Addition
Name: DOUBLER, JEROME L
Address: 220 EAST MONUMENT AVE
City-St-Zip: DAYTON, OH 45402

Title: VPMG (X) Change () Addition
Name: BOGUTSKY, PAUL H
Address: 281 TRESSER BOULEVARD
City-St-Zip: STAMFORD, CT 06901

Title: S (X) Change () Addition
Name: SEYMOUR, L S
Address: 281 TRESSER BOULEVARD
City-St-Zip: STAMFORD, CT 06901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JANE O PRUITT, AUTHORIZED PARALEGAL

PARA

04/07/2009

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