200	1 UNIFORM BUS	INESS REPO	RT	(UBR	<u>) </u>					025864	
DOCU 1. Entity Nar	IMENT# M9800	00001221				į				864 A	
CONECTIV SOLUTIONS LLC						FILED					
Principal Place of Business Mailing Address						01 JAN 29 PM 4: 30					
800 KING STREET 800 KING STREET						SECRETARY OF STATE TAULAHASSEE, FLORIDA					
WILMINGTON DE 19899-0231 WILMINGTON DE 19899-0231						TACLAHASSEE, FEURIDA					
Principal Place of Business 3. Mailing Address											
						* 100100165 NO 10101 FERR 00 NI 2011 90 N 90 N 50 N 1010 1116 N 100 N 100 N					
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Sta	te	City & State			4. FEI N	lumber 52-206548	5	<u> </u>	oplied For ot Applicable	-	
Zip	Country	Zip Count		try	5. Certificate of Status Desired		\$5.00 Additional Fee Required		-		
6. Name and Address of Current F		egistered Agent			7. Name	and Address of New		•		-	
Name											
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)							
	ION FL 33324										
				City FL Zip Code							
8. The above	a named entity submits this statement for	r the purpose of changing its re	egistere	ed office or re	egistered agent, o	or both, in the State of Fl	lorida.				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable /NOTE-F	Renistere	d Agent signature	required when reinstatii	od)	DATE				
FILE NOW!!! FEE						197	DAIL			1	
		Make Check Paya					•				
9.	ERS/MEMBERS	10. ADDITIONS/CHANGES						-			
TITLE	MGRM	☐ Delete	TITLE	•				☐ Change	Addition	8	
NAME STREET ADDRESS	COSGROVE, HOWARD E 800 KING STREET		NAMI STRE	ET ADDRESS						5083 (11/00)	
CITY-ST-ZIP	WILMINGTON DE 19899-0231			-ST-ZIP						CR2E0	
TITLE NAME	MGRM CARR, ROBERT W	☐ Delete	TITLE NAME					Change	Addition	2	
STREET ADDRESS CITY-ST-ZIP	800 KING STREET WILMINGTON DE 19899-0231			et address -St-Zip							
TITLE	MGRM	☐ Delete	TITLE					☐ Change	☐ Addition	1	
NAME STREET ADDRESS	REESE, PHILIP S 800 KING STREET		NAMI Stre	ET AODRESS	. }	500003	(5,31 <u>)</u>	51,5	1		
CITY-ST-ZIP	WILMINGTON DE 19899-0231			ST-ZIP			27 01 0. K50.00	1 1 32 本本本本	012 50. 00	-	
TITLE NAME	MGRM LAVIN, JAMES P	☐ Delete	NAME			W		Change	- [_] Addition		
STREET ADDRESS CITY-ST-ZIP	800 KING STREET WILMINGTON DE 19899-0231		•	ET ADDRESS ST-ZIP		2/1					
TITLE	MGRM	X Delete	TITLE	n	MERM			Change	Addition	1	
NAME STREET ADDRESS	DONOGHUE, MOIRA K 800 KING STREET		NAME STREE	ET ADDRESS 2	Diana 300 Ki	C. De Ang	galia				
CITY-ST-ZIP	WILMINGTON DE 19899-0231		┣──	ST-ZIP	vilmin	g yon, I	E A	- , .	0231	1	
TITLE NAME	MGRM AGRA, ARTUNG F	☐ Delete	TITLE NAME				1	Change	Addition		
STREET ADDRESS CITY-ST-ZIP	800 KING STREET WILMINGTON DE 19899-0231			T ADDRESS ST-ZIP							
11. I hereby dindicated	certify that the information supplied with on this report is true and accurate and the supplied with t	this filing does not qualify for the	ne exer	nption stated	f in Section 119.0	7(3)(i), Florida Statutes.	I further certif	y that the in	of the		
limited lin	bility company or the receiver or trustee	empowered to execute this rep	oort as	required by	Chapter 608, Flor	rida Statutes.	and mounte	o, manager	, VI 1110		
SIGNATURE: DIAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DEL DESCRIPTION DE DESCRIPTION DE DESCRIPTION DE DES DESCRIPTION DE LA CONTROL D											
	***************************************									1	