

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001518

Entity Name: ALLIED SOLUTIONS, LLC

Current Principal Place of Business:

1320 CITY CENTER DRIVE, SUITE 300
CARMEL, IN 46032

Current Mailing Address:

1320 CITY CENTER DRIVE, SUITE 300
CARMEL, IN 46032

FEI Number: 35-2125376

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title MGR
Name HILGER, CHRISTOPHER M
Address 400 ROBERT STREET NORTH
City-State-Zip: ST. PAUL MN 55101

Title MGR
Name HILGER, PETER J
Address 1320 CITY CENTER DRIVE, SUITE 300
City-State-Zip: CARMEL IN 46032

Title MGR
Name LIUM, ROBERT J
Address 2850 DALLAS PARKWAY, THIRD FLOOR
City-State-Zip: PLANO TX 75093

Title MGR
Name CHRISTENSEN, GARY R
Address 400 ROBERT STREET NORTH
City-State-Zip: ST. PAUL MN 55101

Title MGR
Name ZACCARO, WARREN J
Address 132400 ROBERT STREET NORTH
City-State-Zip: ST. PAUL MN 55101

Title MGR
Name WISDORF, JEFFREY E
Address 1320 CITY CENTER DRIVE, SUITE 300
City-State-Zip: CARMEL IN 46032

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY E. WISDORF

MANAGER

02/09/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date