

No. W 43407		Due no later than Oct 31, 2006		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. PROLINE SOLUTIONS GROUP, LLC CORNERSTONE SUPPORT ATTN: LISA EDWARDS 11111 HOUZE RD STE 200 ROSWELL GA 30076		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	MICHAEL LOVULLO	908 NIAGARA FALLS BLVD SUITE 245	NORTH TOWANDA	NY	14120
5. Organized Under the Laws of: NEW YORK W 43407		6. Annual Report must be signed.* Signature: Michael J. Lovullo Name (type or print): Michael J. Lovullo Date: 08/14/2006 Title: EVP			
Processed 08/14/2006		* Electronically provided signatures are accepted as original signatures.			