

No. <b>W 23219</b>		<b>Due no later than Mar 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  OPTION CARD, LLC CORNERSTONE SUP CORNERSTONE SUPPORT 11111 HOUZE ROAD SUITE 200 ROSWELL GA 30076		LEXISNEXIS DOCUMENT SOLUTION 1401 SHORELINE DRIVE BOISE ID 83702			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name GARY STERN	Street or PO Address 210 SYLVAN AVE.		City ENGLEWOOD	State NJ	Country USA	Postal Code 07632
5. Organized Under the Laws of:  <b>CO</b> <b>W 23219</b>		6. Annual Report must be signed.*  Signature: Denise Robbins Name (type or print): Denise Robbins  Date: 01/26/2010 Title: Licensing Specialist					
Processed 01/26/2010 * Electronically provided signatures are accepted as original signatures.							