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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
154309	CBIZ Network Solutions, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Delaware	information technology services

5. Principal office address	City	State	Zip
6050 Oak Tree Blvd., Suite 500	Cleveland	Ohio	44131

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Martha Lange	

Street Address	City	State	Zip
6050 Oak Tree Blvd., Suite 500	Cleveland	OH	44131

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Jerome P. Grisko, Jr.	
Street Address	Street Address
6050 Oak Tree Blvd., Suite 500	
City / State / Zip	City / State / Zip
Cleveland / OH / 44131	
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
C T Corporation System	10 Weybosset Street	
Address	City	Zip
	Providence	02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] [redacted]

FILED
File Date SEP 10 2007
Check No.
By: By 2510697475
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person *Date*

Michael W. Gleespen, Secretary
Print or Type Name of Authorized Person

[redacted]

13602-18-179570

Form 632 Rev. 07/07