



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No. 119747		2. Exact name of the limited liability company Avendra Replenishment, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island DISTRIBUTION OF FURNITURE, FIXTURES, AND EQUIPMENT			
5. Principal office address 702 KING FARM BOULEVARD, SUITE 600			City ROCKVILLE	State MD	Zip 20850-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Sandi Seidel		Contact Title Controller			
Street Address 702 KING FARM BOULEVARD, SUITE 600			City ROCKVILLE	State MD	Zip 20850-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 CT CORPORATION SYSTEM			Address 10 WEYBOSSET STREET		
Address			City PROVIDENCE	Zip 02906	

RECEIVED BY SECRETARY OF STATE
 AUG 25 AM 11:14

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



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File Date **FILED**

Check No. **AUG 25 2006**

By: *Mark Berney* 3031-02504

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.

Mark Berney _____ Date **8/1/06**

Signature of Authorized Person _____
Print or Type Name of Authorized Person **Mark Berney, CFO**



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119747		2. Exact name of the limited liability company Avendra Replenishment, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island DISTRIBUTION OF FURNITURE, FIXTURES, AND EQUIPMENT			
5. Principal office address 702 KING FARM BOULEVARD, SUITE 600		City ROCKVILLE	State MD	Zip 20850-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CHRIS WEDDING			Contact Title CONTROLLER		
Street Address 702 KING FARM BOULEVARD, SUITE 600		City ROCKVILLE	State MD	Zip 20850-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT). <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 CORPORATION SERVICE COMPANY		Address 170 WESTMINSTER STREET, SUITE 900			
Address		City PROVIDENCE	Zip 02903-		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 1 9 7 4 7

119747 FLLC 09/11/03 11:33:53 AM

File Date 9-15-03

Check No. 15406

By: [Signature]

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] 9-11-03
Signature of Authorized Person Date
Dennis M. Baker, President Avendra LLC
Print or Type Name of Authorized Person Site Member



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119747		2. Exact name of the limited liability company Avendra Replenishment, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Distribution of furniture, fixtures and equipment			
5. Principal office address 702 King Farm Blvd, Ste. 600		City ROCKVILLE	State MD	Zip 20850	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CHRIS WEDDING			Contact Title CONTROLLER		
Street Address 702 King Farm Blvd Ste. 600		City ROCKVILLE	State MD	Zip 20850	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 CORPORATION SERVICE COMPANY			Address		
Address 170 WESTMINSTER STREET, SUITE 900			City PROVIDENCE	Zip 02903-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 1 9 7 4 7 *

File Date	9.13.02
Check No.	11634
By:	<i>[Signature]</i>
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] 9/13/02
Signature of Authorized Person Date
Avendra, LLC
Sole Member Dennis M. Baker, President
Print or Type Name of Authorized Person