Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (401) 222-3040    Commodel Company Annual Report Thinge Period: September 1 - November 1 In accordance with RI.G.L. 7-16-66(d), each limited liability company failing or refusing to ite its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 2000) ANNUAL REPORT YEAR: 2011 1 ID No. 000522778 2. Exact Name of the Limited Liability Company THRIVE HR AO, LLC 3. State of Formation State: FL 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Human Resource Services 5. Principal Office Address No. and Street: ITISE. 9TH AVENUE City or Town: TAMPA State: FL Zip: 33605 Country: USA 6. Malling Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: STACY AYERS Contact Title: LEGAL ASSISTANT				
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Imited Liability Company Annual Report         Plang Period: September 1 - November 1         naccordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to lie its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d).co) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2011         1. ID No.       000522778         2. Exact Name of the Limited Liability Company <u>THRIVE HR AO, LLC</u> 3. State of Formation         State: FL         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Human Resource Services         5. Principal Office Address         No. and Street:       1715 E, 9TH AVENUE City or Town:       TAMPA         State: EL       E. Abiling Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       STACY AVERS Contact Time:       LEGAL ASSISTANT         No. and Street:       700 TOWER DRIVE       Eight Zep (200)         City or Town:       TAMPA       State: MI       Zep: 48098       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Contact Name:       State: MI       Zep: 48098       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	RALPH MOI			
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Imited Liability Company Annual Report         Company Company Annual Report         Company Company Annual Report         accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to lie its annual report within thity (30) days after the time prescribed by law (R.I.G.L. 2016/06(8.0) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2011         1. ID No.       000522778         2. Exact Name of the Limited Liability Company <u>THRIVE HR AO, LLC</u> 3. State of Formation         State: FL         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         Human Resource Services         5. Principal Office Address         No. and Street: <u>1715 E, 9TH AVENUE</u> City or Town:       TAMPA         State: FL       Zip: 33605       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Time: LEGAL ASSISTANT         No. and Street: <u>700 TOWER DRIVE</u> Burger Country: USA       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Nonor Tike Of Town:       TAMPA	Division Of Business Services			
(401) 222-3040         Imited Liability Company Planual Report         "Imited Liability Company Planual Report         "Imited Liability Company Planual Report         "Imited Period: September 1 - November 1         naccordance with R.I.G.L. 7-16-66(16.4), each limited liability company falling or refusing to the is annual report within thirdy (30) days after the time prescribed by law (R.I.G.L. 1-6-66(16.4); is subject to a penalty fee of \$26.00.         ANNUAL REPORT YEAR: 2011         1. ID No. 000522778         2. Exact Name of the Limited Liability Company THRIVE HR AO, LLC         3. State of Formation         State: FL         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         Human Resource Services         5. Principal Office Address         No. and Street:       1715 E. 9TH AVENUE         City or Town:       TAMPA       State: FL         No. and Street:       700 TOWER DRIVE         City or Town:       TAMPA       State: MI       Zip: 48098       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       200         City or Town:       TROY       State: MI       Zip: 48098       Country: USA         7. Ame and Address of Each Manager of the Limited Liability Company, if Applicable.       20       20       20 <td colspan="3"></td>				
Linited Liability Company Annual Report         Tilling Period: September 1 - November 1         n accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to lie its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 2-16-66(b.c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2011         1. ID No.       000522778         2. Exact Name of the Limited Liability Company THRIVE HR AO, LLC         3. State of Formation         State: FL         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         Human Resource Services         5. Principal Office Address         No. and Street:       1715 E. 9TH AVENUE City or Town:         Contact Name:       STACY AYERS Contact Title:         LEGAL ASSISTANT         No. and Street:       700 TOWER DRIVE SUTTE 220         City or Town:       TROY         State: Mill Zip: 48098       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title       Individual Name First, Middle, Last, Suffix         Address, City or Town:       State: Xuity         MANAGER       JOHN E MCALLISTER III         1715 E 9TH AVENUE TAMPA, FL 33805 USA				
Limited Liability Company	(401) 222-3040			
Annual Report         Hing Period: September 1 - November 1         in accordance with R.I.G.L. 7-16-66(0), each limited liability company failing or refusing to lie its annual report within thirty (30) days after the time prescribed by law (R.I.G.L17-666(bc)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2011         1. ID No. 000522778         2. Exact Name of the Limited Liability Company THRIVE HR AO, LLC         3. State of Formation         State: FL         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         Human Resource Services         5. Principal Office Address         No. and Street:       1715 E. 9TH AVENUE         City or Town:       TAMPA         State: FL       2. Eact Name of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       STACY AYERS Contact Title:         LEGAL ASSISTANT       No. and Street:       700 TOWER DRIVE         SUITE 220       City or Town:       TROY         City or Town:       TROY       State: Mill Zip: 48098       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Title       Individual Name       Address         Vis or Town:       TROY       State: Mill Zip: 48098       Country:				
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ANNUAL REPORT YEAR: 2011          1. ID No.       000522778         2. Exact Name of the Limited Liability Company THRIVE HR AO, LLC         3. State of Formation         State: FL         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         Human Resource Services         5. Principal Office Address         No. and Street:       1715 E. 9TH AVENUE         City or Town:       TAMPA         State: FL       Zip: 33605         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       STACY AYERS Contact Title:         LEGAL ASSISTANT         No. and Street:       700 TOWER DRIVE         SUTTE 220         City or Town:       TROY         State: MI       Zip: 48098       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Ittle       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       JOHN E MCALLISTER III       1715 E 9TH AVENUE         TAMPA, FL 33605 USA       USA	ile its annual report	within thirty (30) days after the time prescrib		
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No. and Street:       700 TOWER DRIVE SUITE 220         City or Town:       TROY       State: MI       Zip: <u>48098</u> Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       JOHN E MCALLISTER III       1715 E 9TH AVENUE TAMPA, FL 33605 USA	6. Mailing Addres	s of Limited Liability Company and Name	e or Title of Contact Person:	
SUITE 220         City or Town:       TROY       State: MI       Zip: 48098       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       Do NOT LIST MEMBERS         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       JOHN E MCALLISTER III       1715 E 9TH AVENUE         TAMPA, FL 33605 USA       TAMPA, FL 33605 USA	Contact Name: STACY AYERS Contact Title: LEGAL ASSISTANT			
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Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       JOHN E MCALLISTER III       1715 E 9TH AVENUE         TAMPA, FL 33605 USA       TAMPA, FL 33605 USA				
DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       JOHN E MCALLISTER III       1715 E 9TH AVENUE         TAMPA, FL 33605 USA       TAMPA, FL 33605 USA	City or Town:	TROY State: ]	<u>MI</u> Zip: <u>48098</u> Country: <u>USA</u>	
First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       JOHN E MCALLISTER III       1715 E 9TH AVENUE         TAMPA, FL 33605 USA       TAMPA, FL 33605 USA				
MANAGER JOHN E MCALLISTER III 1715 E 9TH AVENUE TAMPA, FL 33605 USA	Title	Individual Name	Address	
TAMPA, FL 33605 USA		First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	MANAGER	JOHN E MCALLISTER III		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			*	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER				
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				

## INCORP. SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

**Signed this 18 Day of November, 2011 at 3:23:23 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By JOHN E MCALLISTER III

Signature of Authorized Person

Form No. 632 Revised 09/07

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