

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ADVANTEC RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>01/01/1999</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>AGENCY SOLUTIONS INTERNATIONAL, INC.</u> <u>4890 WEST KENNEDY BLVD., STE 500</u> <u>TAMPA, FL 33609</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>59-3439650</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>888-340-9442</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>59-3439650</u>	2c Sponsor's telephone number <u>888-340-9442</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>59-3439650</u>					
2c Sponsor's telephone number <u>888-340-9442</u>					
2d Business code (see instructions) <u>561300</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2011	ROSS WILT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") AGENCY SOLUTIONS INTERNATIONAL, INC. 4890 WEST KENNEDY BLVD., STE 500 TAMPA, FL 33609	3b Administrator's EIN 59-3439650 3c Administrator's telephone number 888-340-9442
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	5505
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	4514
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	1347
d Subtotal. Add lines 6a , 6b , and 6c	6d	5861
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	5861
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	3253
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	13

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan ADVANTEC RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 AGENCY SOLUTIONS INTERNATIONAL,INC.	D Employer Identification Number (EIN) 59-3439650	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 27 37 38 50	TPA	563186	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

AGENCY SOLUTIONS INTERNATIONAL, INC

59-3439650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLAN ADMINISTRATOR	153540	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	MANAGED ACC FEE	83779	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>ADVANTEC RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AGENCY SOLUTIONS INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>59-3439650</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>182016</u>	<u>463864</u>
(2) Participant contributions	1b(2)	<u>217065</u>	<u>185974</u>
(3) Other	1b(3)	<u>12479</u>	<u>22579</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	<u>1560613</u>	<u>2206738</u>
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	<u>66070684</u>	<u>75529966</u>
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	68042857	78409121

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	207688	176170
k Total liabilities (add all amounts in lines 1g through 1j)	1k	207688	176170

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	67835169	78232951
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2590286	
(B) Participants	2a(1)(B)	8939229	
(C) Others (including rollovers)	2a(1)(C)	852559	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		12382074

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	85681	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		85681

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1442006	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1442006

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		6628010
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		20537771

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8371053	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8371053
f Corrective distributions (see instructions)	2f		176170
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	716726	
(3) Investment advisory and management fees	2i(3)	83779	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		800505
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9347728

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11190043
l Transfers of assets:			
(1) To this plan.....	2l(1)		6047464
(2) From this plan	2l(2)		6839725

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RIVERO, GORDIMER & COMPANY, P.A.

(2) EIN: 59-3040705

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ADMINISTAFF 401(K) PLAN	76-0178498	001
TILSON HR 401(K) PROFIT SHARING PLAN	35-1954179	333
TEJAS COMPLETION SOLUTIONS 401(K) PLAN	76-0655760	001
BOSSCO INDUSTRIES 401(K) PLAN	76-0367263	001

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....			
4a			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?.....			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☐ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CLEARONE COMMUNICATIONS 401(K) PLAN	87-0684905	001
ALPHASTAFF RETIREMENT SAVINGS PLAN	65-0314170	333
ALLSTAFF HR GOURP 401(K) PLAN	58-2268125	001
AVP VALVE, INC. 401(K) PLAN	58-2645355	002

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....			
4a			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?.....			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☐ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
REGIONAL P20, INC. PLAN	01-0606668	001
THRUBIT 401(K) PLAN	20-2006430	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
ARIA CONDOMINIUM ASSC.	20-0848071	001

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....			
4a			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?.....			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☐ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
FRANKCRUM RETIREMENT SAVINGS PLAN	59-2626531	333
NEXTEP, INC. 401(K) RETIREMENT SAVINGS PLAN	73-1543198	333
VERTICAL IT SOLUTIONS INC. RETIREMENT SAVINGS PLAN	22-3877455	001

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>ADVANTEC RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AGENCY SOLUTIONS INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>59-3439650</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<u>1</u>	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>65-0708495</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<u>3</u>	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	<u>6a</u>		
b Enter the amount contributed by the employer to the plan for this plan year	<u>6b</u>		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<u>6c</u>		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

ADVANTEC RETIREMENT SAVINGS PLAN

December 31, 2010 and 2009

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RIVERO, GORDIMER & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Member
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Cesar J. Rivero	Sam A. Lazzara
Richard Gordimer	Stephen G. Douglas
Herman V. Lazzara	Michael E. Helton
Marc D. Sasser	

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Trustees of the
Advantec Retirement Savings Plan

We have audited the accompanying statements of net assets available for benefits of Advantec Retirement Savings Plan (the "Plan") as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements, referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2010 and 2009, and its changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit of the Plan's financial statements as of and for the years ended December 31, 2010 and 2009 was made for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules of assets held at end of year as of December 31, 2010 and 2009 are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements for the years ended December 31, 2010 and 2009, and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Tampa, Florida
September 15, 2011

Advantec Retirement Savings Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	<u>2010</u>	<u>2009</u>
ASSETS		
Investments, at fair value (notes C and D)		
Mutual funds	<u>\$ 75,529,966</u>	<u>\$ 66,070,684</u>
Receivables		
Notes receivable from participants (notes A8 and B7)	2,206,738	1,560,613
Employer contributions	463,864	182,016
Participant contributions	185,974	217,065
Other	<u>22,579</u>	<u>12,479</u>
	<u>2,879,155</u>	<u>1,972,173</u>
Total assets	<u>78,409,121</u>	<u>68,042,857</u>
LIABILITIES		
Total liabilities	<u>176,170</u>	<u>207,688</u>
Net assets available for benefits	<u>\$ 78,232,951</u>	<u>\$ 67,835,169</u>

The accompanying notes are an integral part of these statements.

Advantec Retirement Savings Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31,

	<u>2010</u>	<u>2009</u>
ADDITIONS		
Additions to net assets attributed to		
Contributions		
Participants	\$ 8,939,229	\$ 9,980,534
Employers	2,590,286	2,731,829
Rollovers	852,559	684,188
	<u>12,382,074</u>	<u>13,396,551</u>
Interest income on notes receivable from participants	<u>85,681</u>	<u>71,717</u>
Investment income (notes C and D)		
Net appreciation in fair value of investments	6,628,010	11,903,803
Dividends	1,442,006	1,257,431
	<u>8,070,016</u>	<u>13,161,234</u>
Total additions	<u>20,537,771</u>	<u>26,629,502</u>
DEDUCTIONS		
Deductions from net attributed to		
Benefit payment and in-service withdrawals	8,371,053	5,505,426
Corrective distributions	176,170	207,688
Administrative and other expenses	800,505	755,434
Total deductions	<u>9,347,728</u>	<u>6,468,548</u>
TRANSFERS		
From plan mergers	6,047,464	3,202,359
To other plans	<u>(6,839,725)</u>	<u>(10,098,416)</u>
Net transfers	<u>(792,261)</u>	<u>(6,896,057)</u>
Net increase	10,397,782	13,264,897
Net assets available for benefits at beginning of year	<u>67,835,169</u>	<u>54,570,272</u>
Net assets available for benefits at end of year	<u>\$ 78,232,951</u>	<u>\$ 67,835,169</u>

The accompanying notes are an integral part of these statements.

Advantec Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Advantec Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). An employee is eligible to participate in the Plan if he or she is age twenty-one (21) or older and has completed the minimum service requirement as selected by the co-employer under the Plan adoption agreement, up to one year of service (not to exceed 12 months). An employee shall have completed one year of service if during the initial employment year or during any subsequent plan year he or she completes 1,000 hours of service or more. Participation in the Plan is voluntary.

2. Plan Mergers

Certain co-employers' existing plans were merged into the Plan during the years ended December 31, 2010 and 2009, with the Plan being the surviving plan. The value of the assets transferred to the Plan related to these plan mergers was \$6,047,464 and \$3,202,359 for the years ended December 31, 2010 and 2009, respectively.

Also, during the years ended December 31, 2010 and 2009, certain co-employers elected to transfer their plan assets to plans sponsored by other entities. These transfers totaled \$6,839,725 and \$10,098,416 for the years ended December 31, 2010 and 2009, respectively.

3. Contributions

The employer shall contribute to the Plan on behalf of each participant, an elective contribution as specified in a salary reduction agreement between the participant and employer. Participant contributions are also subject to limitations set forth in the Internal Revenue Code, which change from year to year. Discretionary employer matching contributions may be made to the Plan on behalf of the participants. The matching contributions, if any, are a discretionary percentage of the participants' elective contribution.

Effective January 1, 2009, the Plan was amended to constitute an Eligible Automatic Contribution Agreement (EACA) under Internal Revenue Code Section 414(w). Automatic enrollment applies (1) to employees who first become eligible for the Plan on or after January 1, 2009 and (2) to employees who became eligible for the Plan before January 1, 2009 but who never made an election. The Plan includes the 90-day permissible withdrawal option as part of the eligible automatic contribution arrangement.

Advantec Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2010 and 2009

NOTE A - DESCRIPTION OF THE PLAN - Continued

4. Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the employer's contribution and (b) Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit, to which a participant is entitled, is the benefit that can be provided from the participant's vested account.

5. Vesting

Participants are immediately vested in both their contributions and earnings or losses thereon. Generally, all participants fully vest in employer contributions and the earnings or losses thereon after six years of service. Variations, if any, to the schedule below may exist in the employer's addendum. There also may be safe-harbor plans with immediate vesting. Further descriptions may be read in the complete formal legal documents. Generally, participants in the Plan vest as follows:

<u>Years of service</u>	<u>Vested interest</u>
Less than 2 years	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

6. Distribution of Participants Accounts

Pre-tax contributions may be distributed to a participant while still employed only to meet a qualifying financial hardship. Distributions can be made out of the Plan; at retirement or age 59 ½, in the event of long-term disability, death, or upon termination of employment.

7. Corrective Distributions

Corrective distributions must be made when a participant has excess contributions under the Actual Deferral Percentage ("ADP") Test or excess aggregate contributions under the Actual Contribution Percentage ("ACP") Test and the employer does not correct these excesses by making Qualified Non-Elective Contributions or Qualified Matching Contributions. The amount of corrective distributions accrued by the Plan during the years ended December 31, 2010 and 2009 was \$176,170 and \$207,688, respectively.

Advantec Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2010 and 2009

NOTE A - DESCRIPTION OF THE PLAN - Continued

8. Notes Receivable from Participants

The aggregate amount of any loans to a participant shall not exceed 50 percent of his or her account balance. The minimum and maximum aggregate dollar amount of loans outstanding to any participant must be at least \$1,000, but must not exceed \$50,000.

9. Forfeitures

Forfeitures of non-vested employer contributions by terminated participants are used to reduce employer matching contributions for the plan year for which the forfeitures arise.

10. Administration

Administration of the Plan is the responsibility of the plan administrator and the Board of Directors of Agency Solutions International, Inc. (the "Company"). The Company is the Plan sponsor and administrator and has designated an individual employee as its contact. Any amendments to the Plan regarding terminations, materially adding or deleting benefits or modifying the funding obligations require approval by the Board of Directors.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Plan's significant accounting policies applied in the preparation of the accompanying financial statements follows:

1. Basis of Accounting

The accounts of the Plan are maintained on the accrual basis, except for benefit payments, which are recorded when paid.

2. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein as well as the related disclosures. Actual results could differ from those estimates and such differences could be material.

3. Valuation of Investments and Income Recognition

Investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Advantec Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2010 and 2009

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

The Plan presents the net appreciation or depreciation in the fair value of its investments in the Statements of Changes in Net Assets Available for Benefits, which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments.

4. Concentration of Credit Risk

Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

5. Expenses

Certain administrative expenses of the Plan are paid by the Plan and are reflected in the Plan's financial statements. However, certain legal and other expenses of the Plan are paid by the Company and, therefore, are not included in the accompanying financial statements.

6. Payment of Benefits

Benefits are recorded when paid.

7. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

8. Reclassifications

Certain amounts previously reported in the financial statements for the prior year have been reclassified in order for them to be in conformity with the current year presentation.

NOTE C - FAIR VALUE MEASUREMENTS

The Plan adopted Financial Accounting Standards Board *Accounting Standards Codification* 820-10, as of January 1, 2008. FASB ASC 820-10 establishes a framework for using fair value to measure assets and liabilities and defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) as opposed to the price that would be paid to acquire the asset or received to assume the liability (an entry price).

Advantec Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2010 and 2009

NOTE C - FAIR VALUE MEASUREMENTS - Continued

Under FASB ASC 820-10, a fair value measure should reflect the assumptions that market participants would use in pricing the asset or liability, including the assumptions about the risk inherent in a particular valuation technique, the effect of a restriction on the sale or use of an asset and the risk of nonperformance. FASB ASC 820-10 requires disclosures that stratify statement of net assets available for benefits amounts measured at fair value based on inputs the Plan used to derive fair value measurements. These strata include:

- Level 1 inputs, where the valuation is based on quoted market prices for identical assets or liabilities traded in active markets (which include exchanges and over-the counter markets with sufficient volume),
- Level 2 inputs, where the valuation is based on quoted market prices for similar instruments traded in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market, and
- Level 3 inputs, where the valuation is generated from model-based techniques that use significant assumptions not observable in the market, but observable based on fund-specific data. These unobservable assumptions reflect estimates or assumptions that market participants would use in pricing the asset or liability. Valuation techniques typically include option pricing models, discounted cash flow models and similar techniques, but may also include the use of market prices of assets or liabilities that are not directly comparable to the subject asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2010 and 2009:

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end. Investments in certain restricted mutual funds are valued at quoted market prices of the issuer.

The following tables present financial assets measured at fair value on a recurring basis as of December 31,:

December 31, 2010	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Mutual funds				
Money market funds	\$ 8,312,713	\$ 8,312,713	\$ -	\$ -
Specialty investment funds	12,327,060	12,327,060	-	-
International funds	14,876,972	14,876,972	-	-
Fixed income funds	17,818,704	17,818,704	-	-
Small/medium company domestic funds	5,642,774	5,642,774	-	-
Large company domestic funds	16,551,743	16,551,743	-	-
Total mutual funds	<u>\$ 75,529,966</u>	<u>\$ 75,529,966</u>	<u>\$ -</u>	<u>\$ -</u>

Advantec Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2010 and 2009

NOTE C - FAIR VALUE MEASUREMENTS - Continued

<u>December 31, 2009</u>	<u>Fair Value</u>	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>
Mutual funds				
Money market funds	\$ 7,580,198	\$ 7,580,198	\$ -	\$ -
Specialty investment funds	9,942,122	9,942,122	-	-
International funds	13,343,054	13,343,054	-	-
Fixed income funds	16,551,093	16,551,093	-	-
Small/medium company domestic funds	4,235,865	4,235,865	-	-
Large company domestic funds	<u>14,418,352</u>	<u>14,418,352</u>	<u>-</u>	<u>-</u>
Total mutual funds	<u>\$ 66,070,684</u>	<u>\$ 66,070,684</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE D - INVESTMENTS

The following table presents the fair values of those investments that represent five percent or more of the Plan's net assets available for benefits at December 31,:

	<u>2010</u>	<u>2009</u>
Fidelity Advisor International Discovery Fund A	\$ -	\$ 4,938,564
Vanguard Short-Term Federal Admiral	\$ 14,154,353	\$ 13,325,320
Vanguard Total Stock Market Index Signal	\$ 10,898,514	\$ 9,333,294
T Rowe Price New Era	\$ 5,101,216	\$ 4,336,105
Vanguard REIT Index Signal	\$ 5,815,123	\$ 4,451,599
Vanguard Money Market Prime	\$ 5,018,803	\$ 4,841,953
American Funds EuroPacific R6	\$ 4,379,320	\$ -

Investment income consisted of the following at December 31,:

	<u>2010</u>	<u>2009</u>
Net appreciation in fair value of investments	\$ 6,628,010	\$ 11,903,803
Dividends	<u>1,442,006</u>	<u>1,257,431</u>
Total investment income	<u>\$ 8,070,016</u>	<u>\$ 13,161,234</u>

Advantec Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2010 and 2009

NOTE E - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE F - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated September 23, 2002 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC) and, accordingly, are exempt from federal income taxes.

NOTE G - PARTY-IN-INTEREST

Administrative and record keeping fees are paid to Slavic Integrated Administration, Inc., a party-in-interest. Total administrative fees and other expenses paid by the Plan to this party for the years ended December 31, 2010 and 2009 were \$800,505 and \$755,434, respectively.

NOTE H - SUBSEQUENT EVENTS

Domestic equity and debt markets have continued to experience volatility subsequent to the Statement of Net Assets Available for Benefits date of December 31, 2010. As such, the fair value of investments may experience subsequent changes from the values presented at December 31, 2010. Additionally, the company Advantec was sold during April 2011. The Plan has remained unchanged subsequent to December 31, 2010, but may be merged into the acquiring company's retirement plan at a later date.

The Plan has evaluated events and transactions occurring subsequent to December 31, 2010 as of September 15, 2011 which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

Advantec Retirement Savings Plan
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2010

Supplemental Schedule for IRS Form 5500 – Schedule H, Part IV, Item 4i
Plan EIN 59-3439650, Plan Number 333

(a)	(b)	(c)	(d)	(e)
Party of Interest	Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	American Century Funds	ACMVX - American Century Mid Cap Value		\$ 63,081
	American Funds	RERGX - American Funds EuroPacific R6		4,379,320
	American Funds	RFNEX - American Funds Fundamental Investment R4		2,066,104
	American Funds	RGAEX - American Growth Fund of America CI R4		1,878,455
	American Funds	RNPEX - American Funds New Perspective		348,742
	American Funds	RWIEX - American Capital World Growth & Inc R4		2,379,472
	American Funds	RWMEX - American Funds Washington Mutual Fund R4		11,106
	BlackRock Funds	SHISX - BlackRock Health Sciences Service		618,744
	Columbia Funds	CSCZX - Columbia Small Cap Value		130,121
	DFA Funds	DFCEX - DFA Emerging Markets Core Equity		361,802
	DWS Funds	KTCAX - DWS Technology A		9,193
	DWS Funds	SCEMX - DWS Emerging Markets Income		1,051
	DWS Funds	SUHAX - DWS Health Care		8,662
	Fidelity Funds	FAIDX - Fidelity Advisor International Discovery A		1,083,154
	Fidelity Funds	FDAXX - Fidelity Daily Money Market		3,293,910
	Fidelity Funds	FMCDX - Fidelity Advisor Midcap		600,769
	Gabelli Funds	GABAX - Gabelli Asset Fund		57,449
	MFS Funds	MMUFX - MFS Utilities A		237,648
	Neuberger & Berman Funds	NBPBX - Neuberger Berman Partners Adv		355,851
	North Track Funds	PPTIX - Highmark NYSE Arca Tech 100 Index A		490,051
	Oppenheimer Funds	OPGSX - Oppenheimer Gold & Special Minerals		33,090
	Oppenheimer Funds	OPMSX - Oppenheimer MainStreet Small Cap A		16,469
	Oppenheimer Funds	OPPAX - Oppenheimer Global Fund A		4,927
	SSga Funds	SSREX - SSga REIT		12,264
	SSga Funds	SVSPX - SSga S&P Index 500		1,284,267
	T Rowe Price Funds	PRASX - T Rowe Price New Asia		3,234,227
	T Rowe Price Funds	PPTIX - T Rowe Price New Era		5,101,216
	T Rowe Price Funds	RPMGX - T Rowe Price Mid Cap Growth		2,147,777
	Third Avenue Funds	TAVFX - Third Avenue Value		1,011,949
	Vanguard Funds	NAESX - Vanguard Small Cap Index		358,268
	Vanguard Funds	VAIPX - Vanguard Inflation Protected Securities		680,451
	Vanguard Funds	VBSSX - Vanguard Short-Term Bond Index Signal		628,505
	Vanguard Funds	VBTSX - Vanguard Total Bond Market Index Signal		1,174,287
	Vanguard Funds	VEURX - Vanguard European Index		47,003
	Vanguard Funds	VGRSX - Vanguard REIT Index Signal		5,815,123
	Vanguard Funds	VGSIX - Vanguard REIT Index		9
	Vanguard Funds	VGTSX - Vanguard Total International Stock Index		2,026,376
	Vanguard Funds	VIBSX - Vanguard Int-Term Bond Index Signal		1,023,691

Advantec Retirement Savings Plan

SCHEDULE OF ASSETS HELD AT END OF YEAR - CONTINUED

December 31, 2010

Supplemental Schedule for IRS Form 5500 – Schedule H, Part IV, Item 4i
Plan EIN 59-3439650, Plan Number 333

(a)	(b)	(c)	(d)	(e)
Party of Interest	Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Vanguard Funds	VISGX - Vanguard Small Cap Growth Index		1,452,103
	Vanguard Funds	VMISX - Vanguard Mid Cap Index Signal		874,186
	Vanguard Funds	VMMXX - Vanguard Money Market Prime		5,018,803
	Vanguard Funds	VSGDX - Vanguard Short-Term Federal Admiral		14,154,353
	Vanguard Funds	VTSMX - Vanguard Total Stock Market Index		5
	Vanguard Funds	VTSSX - Vanguard Total Stock Market Index Signal		10,898,514
	Vanguard Funds	VWEHX - Vanguard High Yield Corporate Bond		157,418
*	Notes receivable from participants	4.25% to 9.5%		2,206,738
				<u>\$ 77,736,704</u>

Department of Labor Regulation 2520.130-11(d) allows the exclusion of participant directed transactions from the historical cost entry on the Schedule of Assets Held at End of Year.

Advantec Retirement Savings Plan
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2009

Supplemental Schedule for IRS Form 5500 – Schedule H, Part IV, Item 4i
Plan EIN 59-3439650, Plan Number 333

(a)	(b)	(c)	(d)	(e)
Party of Interest	Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	AIM Funds	BRSIX - Bridgeway Ultra-Small Company Market	\$	326,224
	AIM Funds	CHTRX - AIM Charter		65
	Dreyfus Funds	DPOAX - Dreyfus Premier S&P Stars Opportunity A		44
	Fidelity Funds	FAIDX - Fidelity Int'l Discovery A		4,938,564
	Fidelity Funds	FDAXX - Fidelity Daily Money Market		2,738,245
	Fidelity Funds	FDVAX - Fidelity Advisor Diversified International A		25
	Fidelity Funds	FMCDX - Fidelity Advisor Midcap		526,074
	Fidelity Funds	FSOAX - Fidelity Advisor Value Strategies A		10
	Gabelli Funds	GABAX - Gabelli Asset Fund		44,217
	Janus Funds	JAWWX - Janus Worldwide Fund		118
	Janus Funds	JGORX - Janus Adviser Large Cap Growth		37
	DWS Funds	KDHAX - DWS Strategic Value		5,674
	DWS Funds	KTCAX - DWS Technology A		6,918
	MFS Funds	MMUFX - MFS Utilities A		183,436
	Oppenheimer Funds	MSIGX - Oppenheimer MainStreet Inc. & Growth A		77
	Neuberger & Berman Funds	NBPBX - Neuberger Berman Partners Adv		308,940
	Oppenheimer Funds	OPGSX - Oppenheimer Gold & Special Minerals		18,693
	Oppenheimer Funds	OPGVX - Oppenheimer Limited-Term Government A		131
	Oppenheimer Funds	OPMSX - Oppenheimer MainStreet Small Cap A		34,550
	Oppenheimer Funds	OPPAX - Oppenheimer Global Fund A		6,293
	North Track Funds	PPTIX - NYSE Arca Tech 100 Index A		345,241
	T Rowe Price Funds	PRASX - T Rowe Price New Asia		2,826,190
	T Rowe Price Funds	PRNEX - T Rowe Price New Era		4,336,105
	American Funds	RFNEX - American Funds Fundamental Invs R4		1,864,592
	American Funds	RGAEX - American Funds Growth Fund of America CI R4		1,920,518
	American Funds	RNPEX - American Funds New Perspective		168,619
	T Rowe Price Funds	RPMGX - T Rowe Price Mid Cap Growth		1,642,197
	American Funds	RWIEEX - American Funds Capital World G & I R4		2,221,435
	American Funds	RWMEX - American Funds Washington Mutual Fund R4		9,402
	DWS Funds	SCEMX - DWS Emerging Markets Income		817
	DWS Funds	SERAX - DWS Europe Equity		26
	BlackRock Funds	SHISX - BlackRock Health Sciences Service		575,552
	Wells Fargo Funds	SOPFX - Wells Fargo Opportunity		134
	SSGa Funds	SSREX - SSga REIT		13,984
	Wells Fargo Funds	STADX - Wells Fargo Ultra Short-Term Income Fund		94
	DWS Funds	SUHAX - DWS Health Care		9,744
	SSGa Funds	SVSPX - SSga S&P Index 500		931,524
	Third Avenue Funds	TAVFX - Third Avenue Value		1,046,297

Advantec Retirement Savings Plan

SCHEDULE OF ASSETS HELD AT END OF YEAR - CONTINUED

December 31, 2009

Supplemental Schedule for IRS Form 5500 – Schedule H, Part IV, Item 4i
Plan EIN 59-3439650, Plan Number 333

(a)	(b)	(c)	(d)	(e)
Party of Interest	Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Columbia Management Funds	CSCZX - Columbia Small Cap Value I Fund Class Z		1,471
	Vanguard Funds	VAIPX - Vanguard Inflation Protected Securities		723,339
	Vanguard Funds	VBSSX - Vanguard Short-Term Bond Index Signal		588,772
	Vanguard Funds	VBTSX - Vanguard Total Bond Market Index Signal		1,079,889
	Vanguard Funds	VGSIX - Vanguard REIT Index		7
	Vanguard Funds	VEURX - Vanguard European Index		70,503
	Vanguard Funds	VGRSX - Vanguard REIT Index Signal		4,451,599
	Vanguard Funds	VGTSX - Vanguard Total International Stock Index		2,065,008
	Vanguard Funds	VIBSX - Vanguard Int-Term Bond Index Signal		682,535
	Vanguard Funds	VISGX - Vanguard Small Cap Growth Index		917,416
	Vanguard Funds	VMISX - Vanguard Mid Cap Index Signal		787,755
	Vanguard Funds	VMMXX - Vanguard Money Market Prime		4,841,953
	Vanguard Funds	VSGDX - Vanguard Short-Term Federal Admiral		13,325,320
	Vanguard Funds	VTSMX - Vanguard Total Stock Market Index		4
	Vanguard Funds	VTSSX - Vanguard Total Stock Market Index Signal		9,333,294
	Vanguard Funds	VWEHX - Vanguard High Yield Corporate Bond		151,013
*	Notes receivable from participants	4.25% to 10.25%		1,560,613
				<u>\$ 67,631,297</u>

Department of Labor Regulation 2520.130-11(d) allows the exclusion of participant directed transactions from the historical cost entry on the Schedule of Assets Held at End of Year.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

ADVANTEC RETIREMENT SAVINGS PLAN

PLAN # 333

EIN #: 59-3439650

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	AIM Funds	CHTRX - AIM Charter		-
	American Century Funds	ACMVX - American Century Mid Cap Value		63,081
	American Funds	RERGX - American Funds EuroPacifc R6		4,379,320
	American Funds	RFNEX - American Funds Fundamental Invs R4		2,066,104
	American Funds	RGAX - American Growth Fund Of America CI R4		1,878,455
	American Funds	RNPEX - American Funds New Perspective		348,742
	American Funds	RWIEX - American Captial World Growth & Inc R4		2,379,472
	American Funds	RWMEX - American Funds Washington Mutual Fund R4		11,106
	BlackRock Funds	SHISX - BlackRock Health Sciences Svc		618,744
	Bridgeway Funds	BRSIX - Bridgeway Ultra-Small Company Mkt		-
	Columbia Funds	CSCZX - Columbia Small Cap Value		130,121
	DFA Funds	DFCEX - DFA Emerging Markets Core Equity		361,802
	Dreyfus Funds	DPOAX - Dreyfus Premier S&P Stars Opportunity A		-
	DWS Funds	KDHAX - DWS Strategic Value		-
	DWS Funds	KTCAX - DWS Technology A		9,193
	DWS Funds	SCEMX - DWS Emerging Mkts Income		1,051
	DWS Funds	SERAX - DWS Europe Equity		-
	DWS Funds	SUHAX - DWS Health Care		8,662
	Fidelity Funds	FAIDX - Fidelity Advisor Int'l Discovery A		1,083,154
	Fidelity Funds	FDAXX - Fidelity Daily Money Mkt		3,293,910
	Fidelity Funds	FDVAX - Fidelity Advisor Diversified Int'l A		0
	Fidelity Funds	FMCDX - Fidelity Advisor Midcap		600,769
	Fidelity Funds	FSOAX - Fidelity Adv_ Value Strategies A		-
	Gabelli Funds	GABAX - Gabelli Asset Fund		57,449
	Janus Funds	JAWWX - Janus Worldwide Fund		-
	Janus Funds	JGORX - Janus Adviser Large Cap Growth		-
	MFS Funds	MMUFX - MFS Utilities A		237,648
	Neuberger & Berman Funds	NBPBX - Neuberger Berman Partners Adv		355,851
	North Track Funds	PPTIX - Highmark NYSE Arca Tech 100 Index A		490,051
	Oppenheimer Funds	MSIGX - Oppenheimer MainStreet Inc & Growth A		-
	Oppenheimer Funds	OPGSX - Oppenheimer Gold & Special Minerals		33,090
	Oppenheimer Funds	OPGVX - Oppenheimer Limited-Term Govt A		-
	Oppenheimer Funds	OPMSX - Oppenheimer MainStreet Small Cap A		16,469
	Oppenheimer Funds	OPPAX - Oppenheimer Global Fund A		4,927
	Ssga Funds	SSREX - SSgA REIT		12,264
	Ssga Funds	SVSPX - SSgA S&P Index 500		1,284,267
	T Rowe Price Funds	PRASX - T_ Rowe Price New Asia		3,234,227
	T Rowe Price Funds	PRNEX - T_ Rowe Price New Era		5,101,216
	T Rowe Price Funds	RPMGX - T Rowe Price Mid Cap Growth		2,147,777
	Third Avenue Funds	TAVFX - Third Avenue Value		1,011,949
	Vanguard Funds	NAESX - Vanguard Small Cap Index		358,268

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

ADVANTEC RETIREMENT SAVINGS PLAN

PLAN # 333

EIN #: 59-3439650

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	Vanguard Funds	VAIPX - Vanguard Inflation Protected Securities		680,451
	Vanguard Funds	VBSSX - Vanguard Short-Term Bond Index Signal		628,505
	Vanguard Funds	VBTSX - Vanguard Total Bond Market Index Signal		1,174,287
	Vanguard Funds	VEURX - Vanguard European Index		47,003
	Vanguard Funds	VGRSX - Vanguard REIT Index Signal		5,815,123
	Vanguard Funds	VGSIX - Vanguard REIT Index		9
	Vanguard Funds	VGTSX - Vanguard Total Intl Stock Index Fund		2,026,376
	Vanguard Funds	VIBSX - Vanguard Int-Term Bond Index Signal		1,023,691
	Vanguard Funds	VISGX - Vanguard Small Cap Growth Index		1,452,103
	Vanguard Funds	VMISX - Vanguard Mid Cap Index Signal		874,186
	Vanguard Funds	VMMXX - Vanguard Money Market Prime		5,018,803
	Vanguard Funds	VSGDX - Vanguard Short-Term Federal Admiral		14,154,353
	Vanguard Funds	VTSMX - Vanguard Total Stock Market Index		5
	Vanguard Funds	VTSSX - Vanguard Total Stock Market Index Signal		10,898,514
	Vanguard Funds	VWEHX - Vanguard High Yield Corporate Bond		157,417
	Wells Fargo Funds	SOPFX - Wells Fargo Opportunity		-
	Wells Fargo Funds	STADX - Wells Fargo Ultra Short-Term Income Fund		-
	Participant Loan	4.25% to 9.5%		2,206,738