

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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0026289  
AF

DOCUMENT # M00000000614

1. Entity Name

GETRONICSWANG CO., LLC

SEE ALSO DOCUMENT  
NO. F94000000782

(Formerly Wang Laboratories, Inc.)

Principal Place of Business

290 CONCORD ROAD  
BILLERICA MA 01821

Mailing Address

290 CONCORD ROAD  
BILLERICA MA 01821

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2192707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

700004323547--5  
-05/25/01--01070--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See "Listing of Officers and "Listing of Directors" attached hereto and incorporated herein by reference.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

SIGNATURE REQUIRED

Steve Boyce, Secretary

4/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2012

GETRONICSWANG CO., LLC  
290 CONCORD ROAD  
M/S 001-3K3  
BILLERICA, MA 01821  
FEDERAL ID# 04-2192707

11/16/00

LISTING OF OFFICERS
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NAME AND ADDRESS	TITLE
David J. Goulden 27 River Street Concord, MA 01742 Soc Sec # 177-70-0142	President and COO
Grant Carlson 29 Glen Eagle Road Bedford, NH 03110 Soc Sec # 475-44-2722	Vice President, CFO, and Treasurer
Steve Boyce 29 Scott Drive Merrimack, NH 03054 Soc Sec # 123-46-8514	Secretary

LISTING OF DIRECTORS
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Cees Van Lwijk c/o Donauweg 10 1043 AJ Amsterdam The Netherlands	Mias Van Vuuren c/o Donauweg 10 1043 AJ Amsterdam The Netherlands
Colin Mcrea c/o Donauweg 10 1043 AJ Amsterdam The Netherlands	