## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## May 08, 2003 8:00 am Secretary of State DOCUMENT # M00000000614 05-08-2003 90078 010 \*\*\*\*50.00 GETRONICSWANG CO., LLC Mailing Address Principal Place of Business 290 CONCORD ROAD 290 CONCORD ROAD **BILLERICA MA 01821 BILLERICA MA 01821** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 04-2192707 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES REMOX TITLE TITLE ☐ Addition Delete SEE ATTACHED LIST OF NAME X K KINKAR KINGOMINGO OFFICERS. 2X RIVER ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CONCORD: MAJOSTAS TITLE **XQFQ**x ☐ Delete TITLE Change Addition NAME CARLSONX GRANTX NAME STREET ADDRESS STREET ADDRESS 29X GMENKEAGLE HOX CITY-ST-7IP CITY-ST-ZIP BEDFORD XNH KOG I XOX X TITLE Delete TITLE ☐ Change Addition NAME **ROYKOEX STEVE**X NAME STREET ADDRESS STREET ADDRESS 29X SCOTOTXDFX X CITY-ST-ZIP CITY-ST-7IP MERRIMACK NH X08054X ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 regeiver or trustge empowered to execute this report as required by Chapter 608, Florida Statutes.

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TITLE

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SIGNATURE AND TYPED OR PRINTED NAME OF Will

☐ Delete

Delete

0/2003

(978) 625-6212\*

Daytime Phone #

Change

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Addition

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10 103291 MD0000000614 GETRONICSWANG CO., LLC

GETRONICSWANG CO., LLC-290 Concord Road, M/S 001-3K3 Billerica, MA 01821 FEIN 04-2192707 As of 7/23/02

## **LISTING OF OFFICERS**

Name & Address

<u>Title</u>

Kevin T. Roche 18 Stoney Brook Road Arlington, MA 02174 President

William J. Clark 21 Simmonds Farm Road Billerica, MA 01862 Vice President and Chief Financial Officer

Steven E. Boyce 29 Scott Drive Merrimack, NH 03054 Secretary

OFFICERLIST-GWC