2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000002230

1. Entity Name
PRECYSE SOLUTIONS, L.L.C.

Principal Place of Business	Mailing Address
1275 DRUMMERS LANE STE 200 WAYNE, PA 19087	1275 DRUMMERS LANE STE 200 WAYNE, PA 19087

06292005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0392573

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 Yvonne McGuire
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALIBRIO, ANTHONY
STREET ADDRESS	100 AVON MEADOW
CITY-ST-ZIP	AVON, CT 06001
TITLE	MGR
NAME	KLUGER, MICHAEL
STREET ADDRESS	101 EAST 52ND ST., 11TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	MGR
NAME	LEVITT, JEFFREY
STREET ADDRESS	198 ALLENDALE RD., STE. 401
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406
TITLE	MGR
NAME	WEINSTEIN, ALAN
STREET ADDRESS	41 LONGMEADOW RD.
CITY-ST-ZIP	WINNETKA, IL 60093
TITLE	MGR
NAME	ROBERTS, STEVEN
STREET ADDRESS	31 WEST 52ND ST.
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	MGR
NAME	STAKIAS, G. MICHAEL
STREET ADDRESS	1370 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10036

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08/22/05-80007-020 50.00

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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: Yvonne McGuire VP and Controller 6-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #