# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 29, 2003 8:00 am**
**Secretary of State**
04-29-2003 90023 011 ****50.00

DOCUMENT # M02000002230

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

20035290

☐ CHECK HERE IF MAKING CHANGES

| Principal Place of Business | Mailing Address |
|---|---|
| 198 ALLENDALE RD., STE. 401<br>KING OF PRUSSIA PA 19406 | 198 ALLENDALE RD., STE. 401<br>KING OF PRUSSIA PA 19406 |

| 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 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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
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**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>ALIBRIO, ANTHONY<br>100 AVON MEADOW<br>AVON CT 06001 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Brian Murphy, Mgr.<br>1200 Lemonton Court<br>Gulph Mills, Pa 19065 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>KLUGER, MICHAEL<br>~~1777~~ AVENUE OF THE AMERICAS<br>NEW YORK NY 10036 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Mgr.<br>Kluger, Michael<br>101 East 52nd Street 11th Flor<br>New York, NY 10022 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>LEVITT, JEFFREY<br>198 ALLENDALE RD., STE. 401<br>KING OF PRUSSIA PA 19406 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Dan Kaplan Mgr.<br>31 West 52nd Street<br>New York, NY 10019-4603 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>MICHEL, MARC<br>~~32~~ WEST 52ND ST. 31 West<br>NEW YORK NY 10019 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Mgr.<br>Alan Weinstein<br>41 Longmeadow Rd<br>Winnetka IL 60093 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>ROBERTS, STEVEN<br>~~32~~ WEST 52ND ST. 31 West<br>NEW YORK NY 10019 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>STAKIAS, G. MICHAEL<br>~~1777~~ AVENUE OF THE AMERICAS 1370<br>NEW YORK NY 10036 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

CR2E083 (10/02)

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:** Barbara Kotcamp DIRECTOR OF FINANCE BARBARA KOTCAMP 4-24-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

(610) 265-3331