


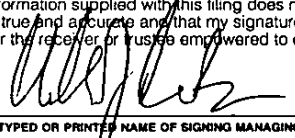
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90378 001 ****50.00
05-23-2005 90378 002 ****50.00

30006902



DOCUMENT # M00000001257					
1. Entity Name GETRONICS US CORPORATE SERVICES LLC					
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
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GETRONICSWANG CO LLC 290 CONCORD ROAD BILLERICA, MA 01821	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCHE, KEVIN T	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	290 Concord Road Billerica MA 01821	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, WILLIAM J	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OGG, R. WAYNE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: 			5/12/2005 (978) 625-6212		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

William J. Clark, Treasurer

CONTACT: [Tax Dir.]
Anthony.Paolillo

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000001257

1. Entity Name
GETRONICS US CORPORATE SERVICES LLC



ATTACHMENT

Principal Place of Business
290 CONCORD ROAD
H/5001-3K3
BILLERICA, MA 01821

Mailing Address
290 CONCORD ROAD
H/5001-3K3
BILLERICA, MA 01821

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

05092005 Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3401408

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 _____
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GETRONICSWANG CO LLC
STREET ADDRESS 290 CONCORD ROAD
CITY-ST-ZIP BILLERICA, MA 01821

TITLE P ☐ Delete
NAME ROCHE, KEVIN T
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CLARK, WILLIAM J
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME OGG, R. WAYNE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 290 Concord Road
CITY-ST-ZIP Billerica, MA 01821

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE: William J. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/12/2005 625
(978) 255-6212

Date Daytime Phone #

William J. Clark, Treasurer

Contact: Anthony.Paolillo
@getronics.com