2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852880

Entity Name: STRATUS COMPUTER, INC.

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
ROOM 3C-	TAIN AVENUE 515 IILL, NJ 07974							
Current Mailing Address:				New Mailing Address:				
800 NORTH POINT PKWY ROOM 83N370G ALPHARETTA, GA 30005 US				800 NORTH POINT PKWY ATTN: BUSINESS LICENSE DEPT ALPHARETTA, GA 30005 US				
FEI Number:	04-2697554	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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:								
SIGNATUR		Signature of Registered Agent	<u> </u>			 Date	-	
Election Cam		rust Fund Contribution ().	-					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () D CHRISTY-LANGEI 600-700 MOUNTA MURRAY HILL, N	NFELD, CYNTHIA IIN AVENUE		Title: Name: Address: City-St-Zip:	()(Change () Addition		
Title: Name: Address: City-St-Zip:	VS () D GRACIA, JORGE 2400 SW 145 AVE MIRAMAR, FL 33	ENUE		Title: Name: Address: City-St-Zip:	()(Change () Addition		
Title: Name: Address: City-St-Zip:	VP () D MC CARTHY, CHF 600-700 MOUNTA MURRAY HILL, N	RISTOPHER IIN AVENUE		Title: Name: Address: City-St-Zip:	VP (X) 0 SLATER, ROBER 600-700 MOUNT, MURRAY HILL, N	AIN AVENUE		
Title: Name: Address: City-St-Zip:	VP () D MC CORD, JOHN 600-700 MOUNTA MURRAY HILL, N	IN AVENUE		Title: Name: Address: City-St-Zip:	()(Change ()Addition		
Title: Name: Address: City-St-Zip:	VT () D MC GLONE, DENI 600-700 MOUNTA MURRAY HILL, N	SE IIN AVENUE		Title: Name: Address: City-St-Zip:	VT (X) O GUNN, GLENN 3400 W PLANO I PLANO, TX 7507			
Title: Name: Address: City-St-Zip:	AS () D BATTLE, DORIS 800 NORTH POIN ALPHARETTA, GA	T PKWY		Title: Name: Address: City-St-Zip:	()(Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS BATTLE AS 04/22/2008