2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000001066

1. Entity Name
STRATUS TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
111 POWDERMILL ROAD MAYNARD, MA 01754	111 POWDERMILL ROAD MAYNARD, MA 01754

01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3453241
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ECD
NAME	KIELY, STEPHEN
STREET ADDRESS	111 POWDERMILL ROAD
CITY-ST-ZIP	MAYNARD, MA 01754
TITLE	PCED
NAME	LAURELLO, DAVID J
STREET ADDRESS	111 POWDERMILL ROAD
CITY-ST-ZIP	MAYNARD, MA 01754
TITLE	CFOT
NAME	LAUFER, ROBERT
STREET ADDRESS	111 POWDERMILL ROAD
CITY-ST-ZIP	MAYNARD, MA 01754
TITLE	GCS
NAME	PRIFTY, FREDERICK S
STREET ADDRESS	111 POWDERMILL ROAD
CITY-ST-ZIP	MAYNARD, MA 01754
TITLE	AS
NAME	MARTEL, ELAINE
STREET ADDRESS	111 POWDERMILL ROAD
CITY-ST-ZIP	MAYNARD, MA 01754
TITLE	D
NAME	EGAN, JAMES O
STREET ADDRESS	280 PARK AVENUE, 37TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10017

U00000220522
02/08/05-80073-011 150.00

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12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-2-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #