

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009055

FILED  
Apr 09, 2010  
Secretary of State

Entity Name: FOCUS TECHNOLOGIES, L.L.C.

## Current Principal Place of Business:

1300 SAWGRASS CORPORATE PARKWAY  
SUITE 300  
SUNRISE, FL 333232804 US

## New Principal Place of Business:

## Current Mailing Address:

1300 SAWGRASS CORPORATE PARKWAY  
SUITE 300  
SUNRISE, FL 333232804 US

## New Mailing Address:

FEI Number: 65-1029640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GALLOWAY, AMY J  
1700 EAST LAS OLAS BLVD., PENTHOUSE I  
FORT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: BULLINGTON, DOUGLAS W  
Address: 1300 SAWGRASS CORP PKWY #300  
City-St-Zip: SUNRISE, FL 33323

Title: MGR  
Name: TROMER, KEVIN M  
Address: 1300 SAWGRASS CORP PKWY #300  
City-St-Zip: SUNRISE, FL 33323

Title: S  
Name: GARCELL, CARIDAD  
Address: 1300 SAWGRASS CORP PKWY #300  
City-St-Zip: SUNRISE, FL 33323

Title: SVPT  
Name: BLAKE, JAMES  
Address: 1300 SAWGRASS CORP PKWY #300  
City-St-Zip: SUNRISE, FL 33323

Title: SVP  
Name: SOUTAR, JOHN H  
Address: 1300 SAWGRASS CORP PKWY #300  
City-St-Zip: SUNRISE, FL 33323

Title: VP  
Name: NECHYBA, ANDREW  
Address: 1300 SAWGRASS CORP PKWY #300  
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CARIDAD GARCELL

S

04/09/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date