

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057133

Entity Name: SEARENTO TRUST LLC

FILED
Feb 16, 2009
Secretary of State

Current Principal Place of Business:

C/O PHARMANET DEVELOPMENT GROUP INC.
504 CARNEGIE CENTER
PRINCETON, NJ 08540

New Principal Place of Business:

Current Mailing Address:

C/O PHARMANET DEVELOPMENT GROUP, INC.
504 CARNEGIE CENTER
PRINCETON, NJ 08540

New Mailing Address:

FEI Number: 59-2407464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO () Delete
Name: MCMULLEN, JEFFREY P
Address: 504 CARNEGIE CTR
City-St-Zip: PRINCETON, NJ 08540

Title: CFOT () Delete
Name: HAMILL, JOHN P
Address: 504 CARNEGIE CTR
City-St-Zip: PRINCETON, NJ 08540

Title: S () Delete
Name: DEITZ, ROBERT
Address: 504 CARNEGIE CTR
City-St-Zip: PRINCETON, NJ 08540

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: A.S. () Change (X) Addition
Name: VODOVOZ, GENE
Address: 504 CARNEGIE CTR
City-St-Zip: PRINCETON, NJ 08540

Title: A.T. () Change (X) Addition
Name: LILIAN, BURKE
Address: 504 CARNEGIE CTR
City-St-Zip: PRINCETON, NJ 08540

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 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: JOHN P. HAMILL

CFO

02/16/2009

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