2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2011
Secretary of State

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Entity Name: SEARENTO TRUST LLC

Current Principal Place of Business:

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

New Principal Place of Business:

C/O PHARMANET LLC
504 CARNEGIE CENTER
PRINCETON, NJ 08540

Current Mailing Address:

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

New Mailing Address:

C/O PHARMANET LLC
504 CARNEGIE CENTER
PRINCETON, NJ 08540

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: CEOP
Name: MCMULLEN, JEFFREY P
Address: 504 CARNEGIE CTR
City-St-Zip: PRINCETON, NJ 08540

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

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

Title: S
Name: BRENNAN, CHRISTOPHER S
Address: 504 CARNEGIE CTR
City-St-Zip: PRINCETON, NJ 08540

Title: T
Name: MCMILLAN, GEORGE
Address: 504 CARNEGIE CTR
City-St-Zip: PRINCETON, NJ 08540

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 Statues.

SIGNATURE: CHRISTOPHER S. BRENNAN S 02/08/2011

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