

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
7. Aug 25, 2008 8:00 am
Secretary of State

07-30-2008 90009 003 ****50.00
08-25-2008 90092 011 ****88.75

DOCUMENT # L06000070357
1. Entity Name
APPLIED RAIDO TECHNOLOGIES-USA, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17876 MONTEREY PINE DR	3. Mailing Address 17876 MONTEREY PINE DR
Suite, Apt. #, etc	Suite, Apt. #, etc.

City & State STRONGSVILLE, OH	City & State STRONGSVILLE, OH
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Zip 44136-7134	Country USA	Zip 44094	Country USA
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4. FEI Number 170-36-8786	Applied For <input checked="" type="checkbox"/> Not Applicable
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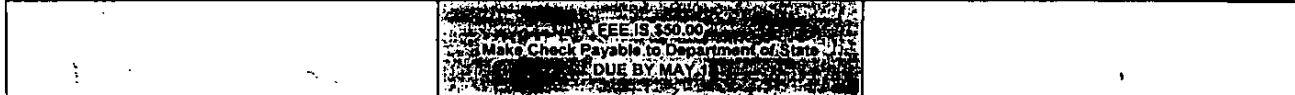
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name ROBERT G CIFF	
Street Address (P.O. Box Number is Not Acceptable) 10 FLORIDA PARK DR NORTH	
SUITE D3	
City PALM COAST	Zip Code FL 32137-3892

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
Signature, typed or printed name of registered agent and title if applicable. DATE



9. MANAGING MEMBERS/MANAGERS			
TITLE OWNER	NAME JOHN A LIGATO	TITLE	
STREET ADDRESS 17876 MONTEREY PINE DR	CITY-ST-ZIP STRONGSVILLE, OH 44136	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Ligato* **7-20-08** **216-4104176**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

60046590

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CR2003B (12/02)