


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90120 004 \*\*\*\*50.00

<b>DOCUMENT # M00000000614</b>	
1. Entity Name GETRONICSWANG CO., LLC	

Principal Place of Business 290 CONCORD ROAD M/S 001-3K3 BILLERICA, MA 01821	Mailing Address 290 CONCORD ROAD M/S 001-3K3 BILLERICA, MA 01821
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14017010

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-2192707	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCHE, KEVIN T Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	290 Concord Road BillERICA, MA 01821 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO CLARK, WILLIAM J Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	290 Concord Road BillERICA, MA 01821 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OGG, R. WAYNE Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	290 Concord Road BillERICA, MA 01821 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

11. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/12/2005

Date

(978) 625-6212

Daytime Phone #

William J. Clark, Vice President, CFO

Contact:

Anthony.Paolillo  
@getronics.com