


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000000614 1. Entity Name GETRONICSWANG CO., LLC	
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Principal Place of Business 290 CONCORD ROAD BILLERICA, MA 01821	Mailing Address 290 CONCORD ROAD BILLERICA, MA 01821
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02212006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2192707	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROCHE, KEVIN T 290 CONCORD RD BILLERICA, MA 01821
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO CLARK, WILLIAM J 290 CONCORD RD BILLERICA, MA 01821
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S OGG, R. WAYNE 290 CONCORD RD BILLERICA, MA 01821
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03/18/06-80030-010 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

William J. Clark, VP & CFO

2/2/2006

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

Date

Daytime Phone #