

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000000054

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** ANS ADVANCED NETWORK SERVICES, LLC

**Current Principal Place of Business:**

12 ELMWOOD RD.  
MENANDS, NY 12204

**New Principal Place of Business:**

**Current Mailing Address:**

12 ELMWOOD RD.  
MENANDS, NY 12204

**New Mailing Address:**

**FEI Number:** 14-1827814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR  
Name: MANEY, PATRICK T JR  
Address: 162 ELLIOT ROAD  
City-St-Zip: EAST GREENBUSH, NY 12061

Title: MGR  
Name: MAHONEY, SHAUN  
Address: 14 LONG SHADOW DR.  
City-St-Zip: LATHAM, NY 12110

Title: VP  
Name: COZZOLINO, SARAH R  
Address: 12 ELMWOOD RD.  
City-St-Zip: MENANDS, NY 12204

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 Statutes.

SIGNATURE: SARAH R. COZZOLINO

VP

04/10/2012

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