

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90025 046 ***150.00

DOCUMENT # M0200000398

1. Entity Name
MCT SERVICES, LLC



Principal Place of Business Mailing Address
13515 BALLANTYNE CORPORATE PLACE **13515 BALLANTYNE CORPORATE PLACE**
CHARLOTTE NC 28277 **CHARLOTTE NC 28277**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E083 (10/04)

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 _____

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	CARAVIELLO, JAY	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	O'LEARY, PATRICK J	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KEARNEY, CHRISTOPHER J	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	WINOWIECKI, RON	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GIZA, RONALD	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roland Wright	
STREET ADDRESS	13515 Ballantyne Corp. Pl.	
CITY-ST-ZIP	Charlotte, NC 28277	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: Ronald Giza Ronald Giza 2/11/05 231-737-5017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #