## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M02000002230

Entity Name: PRECYSE SOLUTIONS, L.L.C.

FILED Jun 05, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1275 DRUMMERS LANE STE 200 **WAYNE, PA 19087 Current Mailing Address: New Mailing Address:** 1275 DRUMMERS LANE STE 200 **WAYNE, PA 19087** FEI Number: 51-0392573 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete ALIBRIO, ANTHONY Name: Name: 100 AVON MEADOW Address: Address: City-St-Zip: AVON, CT 06001 City-St-Zip: Title: MGR () Delete Title: () Change () Addition KLUGER, MICHAEL Name: Name: Address: 101 EAST 52ND ST., 11TH FLOOR Address: City-St-Zip: NEW YORK, NY 10022 City-St-Zip: Title: MGR () Delete Title: () Change () Addition LEVITT, JEFFREY Name: Name: 1275 DRUMMERS LANE Address: Address: City-St-Zip: **WAYNE, PA 19087** City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: WEINSTEIN, ALAN Name: Address: 41 LONGMEADOW RD. Address: City-St-Zip: WINNETKA, IL 60093 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ROBERTS, STEVEN Name: Name: 31 WEST 52ND ST. Address: Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: Title: () Delete Title: () Change () Addition STAKIAS, G. MICHAEL Name: Name: Address: 1370 AVENUE OF THE AMERICAS Address: NEW YORK, NY 10036 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: YVONNE MC GINLEY CFO 06/05/2007