

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002230

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

FILED
Aug 19, 2009
Secretary of State

Current Principal Place of Business:

1275 DRUMMERS LANE
STE 200
WAYNE, PA 19087

New Principal Place of Business:

Current Mailing Address:

1275 DRUMMERS LANE
STE 200
WAYNE, PA 19087

New Mailing Address:

FEI Number: 51-0392573

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 () Delete
Name: ALIBRIO, ANTHONY
Address: 100 AVON MEADOW
City-St-Zip: AVON, CT 06001

Title: MGR () Delete
Name: KLUGER, MICHAEL
Address: 101 EAST 52ND ST., 11TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: MGR () Delete
Name: LEVITT, JEFFREY
Address: 1275 DRUMMERS LANE
City-St-Zip: WAYNE, PA 19087

Title: MGR (X) Delete
Name: WEINSTEIN, ALAN
Address: 41 LONGMEADOW RD.
City-St-Zip: WINNETKA, IL 60093

Title: MGR (X) Delete
Name: ROBERTS, STEVEN
Address: 31 WEST 52ND ST.
City-St-Zip: NEW YORK, NY 10019

Title: MGR (X) Delete
Name: STAKIAS, G. MICHAEL
Address: 1370 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEVITT, JEFFREY
Address: 246 SEMINOLE AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: MGR (X) Change () Addition
Name: HEALY, ROB
Address: 1929 BLACK ROCK LANE
City-St-Zip: PAOLI, PA 19301

Title: MGR (X) Change () Addition
Name: MATAS, JAMES
Address: 29 WILLIAMS ROAD
City-St-Zip: HAVERFORD, PA 19041

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JAMES MATAS

CFO

08/19/2009

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