

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 02, 2004 8:00 am**  
**Secretary of State**

07-02-2004 90059 017 \*\*\*\*50.00

**DOCUMENT # M03000000057**

1. Entity Name

SEGWAY LLC



Principal Place of Business

286 COMMERCIAL STREET  
MANCHESTER NH 03101

Mailing Address

286 COMMERCIAL STREET  
MANCHESTER NH 03101

2. Principal Place of Business

14 TECHNOLOGY DR

3. Mailing Address

14 TECHNOLOGY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BEDFORD NH

City & State

BEDFORD, NH

Zip

03110

Country

USA

Zip

03110

Country

USA

4. FEI Number

02-0516262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
RONALD BILLS  
14 TECHNOLOGY DRIVE  
BEDFORD, NH 03110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
RICHARD CLARK  
15 WHITNEY CT  
BEDFORD, NH 03110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP SALES  
GARY PIETRUSZKOWSKI  
14 TECHNOLOGY DRIVE  
BEDFORD, NH 03110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP MARKETING  
KLEE KLEBER  
80 MCINTOSH LANE  
BEDFORD, NH 03110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CTO  
DOUG FIELD  
24 PURITAN DRIVE  
BEDFORD, NH 03110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: MICHAEL KNIGHT SR ANALYST 6/17/04 603-222-6411

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

Date

Daytime Phone #