09/12/2006 02:49 FAX 7327589968 STRATUS

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Sep 14, 2006 8:00 am
Secretary of State
09-14-2006 90051 002 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000004246

1. Entity Name
STRATUS TECHNOLOGY SERVICES, LLC

Principal Place of Business	Mailing Address
621 SHREWSBURY AVENUE, STE. 1A SHREWSBURY, NJ 07702	621 SHREWSBURY AVENUE, STE. 1A SHREWSBURY, NJ 07702

2. Principal Place of Business	3. Mailing Address
149 Avenue at the Common	149 Avenue at the Common
Suite, Apt. #, etc.: Suite 4	Suite, Apt. #, etc.: Suite 4
City & State: Shrewsbury, NJ	City & State: Shrewsbury, NJ
Zip: 07702 Country: USA	Zip: 07702 Country: USA

09112006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 22-3776993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, JOSEPH J JR
1984 HOWELL BRANCH ROAD, STE. 202
WINTER PARK, FL 32792

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 15, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	P	☐ Delete
NAME	RAYMOND, JAMIE	
STREET ADDRESS	~~621 SHREWSBURY AVENUE, STE. 1A~~ 149 Avenue at the Common	
CITY-ST-ZIP	SHREWSBURY, NJ 07702	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
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 exemptions contained in Chapter 119, 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: [signature] 9-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #