

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004970

Entity Name: DEPLOYED RESOURCES, LLC

FILED  
Apr 15, 2005  
Secretary of State

**Current Principal Place of Business:**

1729 NORTH GEORGE STREET  
ROME, NY 13440

**New Principal Place of Business:**

**Current Mailing Address:**

1729 NORTH GEORGE STREET  
ROME, NY 13440

**New Mailing Address:**

FEI Number: 22-3782088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: STAPLETON, RICHARD  
Address: 1729 NORTH GEORGE STREET  
City-St-Zip: ROME, NY 13440

Title: MGRM ( ) Delete  
Name: NAPIOR, ROBB  
Address: 1 LAKIN ROAD  
City-St-Zip: BROOKLINE, NY 03033

Title: MGRM ( ) Delete  
Name: FRISCH, MICHAEL  
Address: 326 VICTOR STREET  
City-St-Zip: SCOTCH PLAINS, NY 07076

**ADDITIONS/CHANGES:**

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 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 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: MICHAEL FRISCH

MR

04/15/2005

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