2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000005222

1. Entity Name
INFRAMETRIX LLC

Principal Place of Business	Mailing Address
601 EDGEWATER DRIVE SUITE 362 WAKEFIELD, MA 01880	601 EDGEWATER DRIVE SUITE 362 WAKEFIELD, MA 01880

04262006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3869196
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 May 1, 2006

U00000548801
05/12/06-80073-005 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CERRATO, DAVID S
STREET ADDRESS	1300 EAST 8TH AVE. SUITE F-100
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	MGR
NAME	CAVALUZZI, GERARD P
STREET ADDRESS	104 CORPORATE PARK DRIVE BOX 751
CITY-ST-ZIP	WHITE PLAINS, NY 10602
TITLE	MGR
NAME	DEE, WILLIAM P
STREET ADDRESS	104 CORPORATE PARK DRIVE BOX 751
CITY-ST-ZIP	WHITE PLAINS, NY 10602
TITLE	MGR
NAME	DITULLIO, WILLIAM
STREET ADDRESS	1300 EAST 8TH AVE. SUITE F-100
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	MGR
NAME	KRAEKEL, WILLIAM P
STREET ADDRESS	104 CORPORATE PARK DRIVE BOX 751
CITY-ST-ZIP	WHITE PLAINS, NY 10602
TITLE	MGR
NAME	SICOLTE, LEE
STREET ADDRESS	1717 RUE DU HAVRE MONTREA
CITY-ST-ZIP	QUEBEC, CANADA H2K 2X3,

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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: _____ Gerard P. Cavaluzzi 4/27/06 (914) 694-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #