

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004564

FILED  
May 01, 2008  
Secretary of State

Entity Name: ENROUTE EMERGENCY SYSTEMS LLC

**Current Principal Place of Business:**

13560 MORRIS ROAD  
SUITE 4100  
ALPHARETTA, GA 30004

**New Principal Place of Business:**

**Current Mailing Address:**

13560 MORRIS ROAD  
SUITE 4100  
ALPHARETTA, GA 30004

**New Mailing Address:**

FEI Number: 20-4533132      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: DMGR ( ) Delete  
Name: GIANGIORDANO, GREGORY M  
Address: 13560 MORRIS ROAD, SUITE 4100  
City-St-Zip: ALPHARETTA, GA 30004

Title: SEC ( ) Delete  
Name: STEINER, BRADFORD E  
Address: 550 COCHUTIATE ROAD, 3RD FLOOR  
City-St-Zip: FRAMINGHAM, MA 01701

Title: TREA ( ) Delete  
Name: HENRY, MARK  
Address: 13560 MORRIS ROAD, SUITE 4100  
City-St-Zip: ALPHARETTA, GA 30004

**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 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: BRADFORD STEINER

SEC

05/01/2008

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