

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000005497

1. Entity Name
ROSTAN SOLUTIONS, LLC



Principal Place of Business
104 CORPORATE PARK DRIVE
WHITE PLAINS, NY 10602

Mailing Address
104 CORPORATE PARK DRIVE
WHITE PLAINS, NY 10602



01222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5425053

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

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BALCHON, EDWARD R
STREET ADDRESS	1300 EAST 8TH AVE SUITE F-100
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	MGR
NAME	BELITZ, ROBERT S
STREET ADDRESS	104 CORPORATE PARK DRIVE
CITY-ST-ZIP	WHITE PLAINS, NY 10602
TITLE	MGR
NAME	NOCERA, JOHN J
STREET ADDRESS	5 NORTH CONCEPTION STREET, 2ND FLOOR
CITY-ST-ZIP	MOBILE, AL 36602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Murt S. Balch

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

Date

1/24/08

(914) 694-2100

Daytime Phone #