

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002462

Entity Name: DATAMAN USA, LLC

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

7900 E UNION AVE STE 1100  
DENVER, CO 80237

## New Principal Place of Business:

8821 E HAMPDEN AVE  
SUITE 214  
DENVER, CO 80231

## Current Mailing Address:

7900 E UNION AVE STE 1100  
DENVER, CO 80237

## New Mailing Address:

8821 E HAMPDEN AVE  
SUITE 214  
DENVER, CO 80231

FEI Number: 84-1552228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, LLC  
155 OFFICE PLAZA DRIVE STE A  
TALLAHASSEE, FL 32301 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: MGRM ( ) Delete  
Name: SAXENA, NIDHI  
Address: 7900 E UNION AVE STE 1100  
City-St-Zip: DENVER, CO 80237

Title: MGRM (X) Delete  
Name: SAXENA, GYAN P  
Address: 7900 E UNION AVE STE 1100  
City-St-Zip: DENVER, CO 80237

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SAXENA, NIDHI  
Address: 8821 E HAMPDEN AVE  
City-St-Zip: DENVER, CO 80231

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: NIDHI SAXENA

PRES

04/14/2009

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