

2001 UNIFORM BUSINESS REPORT (UBR)

0029148 AF

DOCUMENT # M98000001191

1. Entity Name

GLOBAL TECHNOLOGY FINANCE LLC

FILED

01 MAR 19 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8405 PULSAR PLACE
COLUMBUS OH 42340

Mailing Address

8405 PULSAR PLACE
COLUMBUS OH 42340



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1617991

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM SARCOM, INC. ☐ Delete
STREET ADDRESS 8405 PULSAR PLACE
CITY-ST-ZIP COLUMBUS OH 42340

TITLE NAME Chairman ☐ Delete
NAME Richard Callant
STREET ADDRESS 11 Madison Avenue, 24th Floor
CITY-ST-ZIP New York, NY 10010

TITLE NAME President ☐ Delete
NAME Paul Stenler
STREET ADDRESS 4641 MacArthur Blvd, Suite 210
CITY-ST-ZIP Newport Beach, CA 92660

TITLE NAME EYP, Treasury & Secretary ☐ Delete
NAME Pete Struzzi
STREET ADDRESS 8405 Pulsar Pl
CITY-ST-ZIP Columbus, OH 43240

TITLE NAME Chief Financial Officer ☐ Delete
NAME Steve Weislogel
STREET ADDRESS 8405 Pulsar Pl
CITY-ST-ZIP Columbus, OH 43240

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME 700003911037
STREET ADDRESS -03/27/01--01011--005
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

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

Date

Daytime Phone #

3/6/01 (614) 854-1000

CR2E083 (11/00)