

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # M98000001191 1. Entity Name GLOBAL TECHNOLOGY FINANCE LLC	
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Principal Place of Business 8337 A GREEN MEADOWS DR. LEWIS CENTER, OH 43035	Mailing Address 8337 A GREEN MEADOWS DR. LEWIS CENTER, OH 43035
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 31-1617991	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

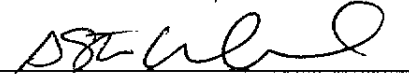
**Filing Fee is \$50.00
Due by May 1, 2004**

U000000031218
02/04/04-80139-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARCOM, INC. 8337-A GREEN MEADOWS DR N. LEWIS CENTER, OH 43035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GALLANT, RICHARD 11 MADISON AVENUE, 24TH FLOOR NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEMLER, PAUL 1301 DORE ST, STE 750 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEISLOGEL, STEVE 8337-A GREEN MEADOWS DR N. LEWIS CENTER, OH 43035
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 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:  **1/22/04** **(614) 854-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #