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

Principal Place of Business	Mailing Address
8337 A GREEN MEADOWS DR . LEWIS CENTER, OH 43035	8337 A GREEN MEADOWS DR . LEWIS CENTER, OH 43035

01062004 No Chg-LLC CR2E083 (10/03)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000031218
02/04/04-80139-023 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SARCOM, INC.
STREET ADDRESS	8337-A GREEN MEADOWS DR N.
CITY-ST-ZIP	LEWIS CENTER, OH 43035
TITLE	C
NAME	GALLANT, RICHARD
STREET ADDRESS	11 MADISON AVENUE, 24TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10010
TITLE	P
NAME	STEMLER, PAUL
STREET ADDRESS	1301 DORE ST, STE 750
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	TD
NAME	WEISLOGEL, STEVE
STREET ADDRESS	8337-A GREEN MEADOWS DR N.
CITY-ST-ZIP	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: DSL CEO 1/22/04 (614) 854-1302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #