

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-21-2003 90314 011 ****50.00

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SARCOM, INC.
8337-A Green Meadows Dr. No.
Lewis Center, OH 43035** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
GALLANT, RICHARD
11 MADISON AVENUE, 24TH FLOOR
NEW YORK NY 10010** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
STEMLER, PAUL
4041 MACARTHUR BLVD., STE 210
NEWPORT BEACH CA 92660** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Paul Stember
1361 Dore Street, Suite 750
Newport Beach, CA 92660** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTS
STRUZZI, PETE
8405 PULSAR PL
COLUMBUS OH 43240** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
WEISLOGEL, STEVE
8405 PULSAR PL
COLUMBUS OH 43340** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
Steve Weislogel
8337-A Green Meadows Dr No.
Lewis Center, OH 43035** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 #

1/13/03

(614) 854-1300

CR2E083 (10/02)