


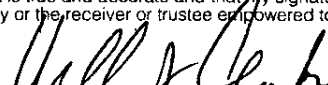
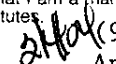
# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90098 015 \*\*\*\*55.00

<b>DOCUMENT # M98000001567</b>					
<b>1. Entity Name</b> GETRONICS BUSINESS SOLUTIONS & CONSULTING SERVICES LLC					
<b>Principal Place of Business</b> 290 CONCORD STREET BILLERICA MA 01821			<b>Mailing Address</b> 290 CONCORD STREET BILLERICA MA 01821		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> 04-2192707	
				<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
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		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE	MGRM	<input type="checkbox"/> Delete	<b>10. ADDITIONS/CHANGES</b>		
NAME	GETRONICS WANG CO., LLC		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	290 CONCORD STREET		NAME		
CITY-ST-ZIP	BILLERICA MA 01821		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERR, MICHAEL		NAME		
STREET ADDRESS	290 CONCORD ROAD		STREET ADDRESS		
CITY-ST-ZIP	BILLERICA MA 01821		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, WILLIAM J		NAME		
STREET ADDRESS	21 SIMMONDS FARM ROAD		STREET ADDRESS		
CITY-ST-ZIP	BILLERICA MA 01862		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOYCE, STEVE		NAME	R. Wayne Ogg	
STREET ADDRESS	28 SCOTT DR		STREET ADDRESS	15 Powhatan Road	
CITY-ST-ZIP	MERRIMACK NH 03064		CITY-ST-ZIP	Pepperell, MA 01463	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:**  William J. Clark, Treasurer  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
 Date:  (978) 625-6212  
 Tax Director: Anthony Paolillo  
 @getronics.com