2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 17, 2005 8:00 am Secretary of State DOCUMENT # M99000002046 05-17-2005 90120 002 ****50.00 GETRONICS FIELD INTEGRATED MANAGED SERVICES, TAUTIONO Principal Place of Business Mailing Address 290 CONCORD ROAD M/S 001-3K3 290 CONCORD ROAD M/S 001-3K3 BILLERICA, MA 01821 BILLERICA, MA 01821 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 CR2E083 (10/03) Applied For City & State City & State 4. FFI Number 04-3492919 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 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 Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code FL 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, 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, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE Change ☐ Addition ROCHE, KEVIN T NAME NAME 290 Concord Road STREET ADDRESS POAD STREET ADDRESS Billerica, MA 01821 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CLARK, WILLIAM J NAME NAME 290 Concord Road STREET ADDRESS STREET ADDRESS Billerica, MA 01821 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME OGG. R. WAYNE NAME 290 Concord Road STREET ADDRESS STREET ADDRESS Billerica, MA 01821 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GETRONICS WANG CO., LLC NAME NAME STREET ADDRESS 290 CONCORD ROAD STREET ADDRESS CITY-ST-ZIP BILLERICA, MA 01821 CITY-ST-ZIP TITLE □ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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 riceiver of truptee simpowered to execute this report as required by Chapter 608, Florida Statutes.

William J. Clark, Treasurer

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: ________SIGNATURE AND TYPED OR PRINTED

Contact: Anthony.Paolillo

Daytime Phone #

5/**12**-/2005

FILED