## 2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006149

Entity Name: STRATA DECISION TECHNOLOGY, L.L.C.

**Current Principal Place of Business:** 

2001 SOUTH 1ST STREET SUITE 200

CHAMPAIGN, IL 61820

**Current Mailing Address:** 

2001 SOUTH 1ST STREET SUITE 200 CHAMPAIGN. IL 61820

FEI Number: 32-0368502 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 515 E. PARK AVE.

TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 23, 2014

**Secretary of State** 

CC6643045158

Authorized Person(s) Detail:

Title MANAGER

Name STEVENSON, JEFFREY

Address 2001 SOUTH 1ST STREET SUITE 200

Address 2001 SOOTH 131 STREET SOTTE

City-State-Zip: CHAMPAIGN IL 61820

Title MANAGER

Name MICHELSON, DAN

Address 2001 SOUTH 1ST STREET SUITE 200

City-State-Zip: CHAMPAIGN IL 61820

Title MANAGER

Name NELSON, NANCY

Address 2001 SOUTH 1ST STREET SUITE 200

City-State-Zip: CHAMPAIGN IL 61820

Title MANAGER

Name MEDVEDEFF, DAVID

Address 2001 SOUTH 1ST STREET SUITE 200

City-State-Zip: CHAMPAIGN IL 61820

Title MANAGER

Name BAINBRIDGE, DAVID

Address 2001 SOUTH 1ST STREET SUITE 200

City-State-Zip: CHAMPAIGN IL 61820

Title MANAGER

Name KLEINMUNTZ, DON

Address 2001 SOUTH 1ST STREET SUITE 200

City-State-Zip: CHAMPAIGN IL 61820

Title MANAGER

Name FARRIS, MICHAEL

Address 2001 SOUTH 1ST STREET SUITE 200

City-State-Zip: CHAMPAIGN IL 61820

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAN MICHELSON

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

04/23/2014

Date