



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(6)) is subject to a penalty fee of \$25.00.

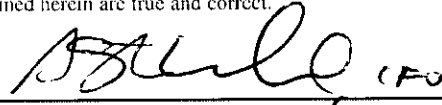
1. ID No. 124953		2. Exact name of the limited liability company TECHNOLOGY FINANCE, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island RESELLER OF COMPUTER PRODUCTS			
5. Principal office address 4041 MACARTHUR BLVD., STE 260		City NEWPORT BEACH	State CA	Zip 92660	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STEVE WEISLOGEL			Contact Title CFO		
Street Address 1159 DUBLIN ROAD, STE 100		City COLUMBUS	State OH	Zip 43215	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name PAUL STEMLER			Manager Name PHILIP T. ROSS		
Street Address 4041 MACARTHUR BLVD., STE 260			Street Address 4497 SUMMITVIEW ROAD		
City NEWPORT BEACH	State CA	Zip 92660	City DUBLIN	State OH	Zip 43016
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

124953

File Date	10-19-09
Check No.	14297
By:	MNC
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

 10/16/09  
Signature of Authorized Person Date  
STEVE WEISLOGEL  
Print or Type Name of Authorized Person