

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 106911		name of the limited Hability company Fech Services LLC				
3. State of Formation			ness which is actually conducted in R	bode Island		
New York	Construct	ion Management				
5. Principal office address 26 Aviation Rd.			City Albany	State NY	<i>7.</i> φ 12205	
6. MAILING ADDRE	SS OF LIMITED LIAF	ILITY COMPANY AND	NAME OR TITLE OF CONTA	CT PERSON:	•	
Contact Name			Contact Title			
Michael A. Pl	att		General Counse	1		
Street Address			City	State	Zip	
III Winners C:	ircle		Albany	NY	12205	
	FILL IN S	PACES BEFORE USING	LIABILITY COMPANY, IF A ATTACHMENTS ("X" BOX ES FILING OF AMENDMENT Manager Name	FOR ATTACHMENT) , R.I.G.L. 7-16-12 (a)		
James P. O'Br.	ien		Frank J. Sciotti			
Sircei Address			Street Address			
26 Aviation Re	d		26 Aviation Rd	l .		
City Albany	State NY	21p 12205	City Albany	State NY	<i>Ζι</i> ρ 12205	
Manager Name David R. Wahr	lich	•••••••••	Manager Name Clough Harbour	& Associates	LLP	
Street Address III Winners C	Circle		Street Address III Winners Circle			
City Albany	State NY	<i>Zip</i> 12205	<i>Gr</i> y Albany	State NY	<i>Zφ</i> 12205	
8. RESIDENT AGEN Agent Name	IT IN RHODE ISLAND	O DO NOT ALTER - Ch	anges require filing of For	m 642 - R.I.G.L. 7-16	SEC C	
Corporation Service Company			222 Jefferson	Boulevard, Sui		
Address			City		<i>χ</i> φ 극성되	
			Warwick	[0	2888 5 5美点	
					<u>₹</u> 999	
					- '. '5	

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

106911

File Date		ILED		
Check No.	APR	1 9 20	106	
Ву:	-Bv	an	C96285	
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.

1/1/12/12/20

Signature of Authorized Person

4 7 0

James P. O'Brien

Print or Type Name of Authorized Person



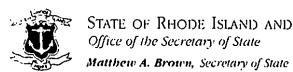
FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

-	ember 1 - November I PED OR PRINTED IN BLAC	•	0.00		
1. ID No.	2. Exact name of the limit				·- <u>-</u>
106911	CHA Tech Services	• -			
3. State of Formation NEW YORK	I	on of the character of the ON MANAGEMENT	e business which is actually conducte	ed in Rhode Island	
5. Principal office address			City	State	Zip
26 AVIATION F			ALBANY	NY	12205
6. MAILING ADD	RESS OF LIMITED L	IABILITY COMPA	ANY AND NAME OR TITLE	OF CONTACT PER	ŞON:
MICHAEL A PLA	ATT		Contact Title • General Couns	sel	
Sireei Address III WINNERS C	IRCLE, P.O. BOX	5307	City ALBANY	State NY	Zip 12205
7. NAME AND AD	FILL IN SPA	CES BEFORE USING	LIMITED LIABILITY CON G ATTACHMENTS ("X" BOX JIRES FILING OF AMENDMENT.	FOR ATTACHMENT)	BLE
Manager Name			• Manager Name		
Street Address			• Street Address		
Direct Naureus			oreer nouress		
City	State	Zip	Ciry	State	Zip
Manager Name		l	*Manager Name		
Sircei Address			·Street Address	<u>.</u>	
City	State	Zip	City	State	Zip
a protection (on			·		
8. RESIDENT AGE	NI IN KHODE ISLAND	-DO NOT ALTER- CI	nanges require filing of l	Form 642 - R.I.G.L. 7-1	6-11
ŭ	SERVICE COMPANY	′		BOULEVARD, SUIT	TE 200
Address	_		City	Zu	<u> </u>
			WARWICK	0	2888-
	e signed in ink by an 1 0 6 9 1 1 9/17/04 08:47:11 AM*		pursuant to 7-16-66. By Under penalty of paths report, including	PILED 27 2004 Derjury, I declare and affirms any accompanying scheents contained herein are	nedules and statements,
 -	mar	-			ar or the
B <u>v:</u>	MYYIF	<u></u>	David R.	Wahrlich	

Form 632 Rev. 6/02



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 +

101.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _ Filing Period: September 1 - November 1 • Filing Fee: \$50.00

2003

(FORM MUST BE TYPED	OR PRINTED IN BLACK)					
1 ID No. 106911	2. Exact name of the limit CHA Tech Service					
3. State of Formation NEW YORK		ion of the character of the husin	ess which is actually conducted in Rhode Is	land		
5. Principal office address			City	State	ZIP	
26 Aviation	26 Aviation Rd.			NY	12205	
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY AND N	Albany KAME OR TITLE OF CONTACT PE	RSON:	. 12203	
Contact Name		,	Contact Title			
Michael A.	Platt		General Counsel			
Street Address			City	State	Zip	
mruuela	Circle, P.C	D. Box 5269	Albany	NY	12205	
AN	FILL IN SI	PACES BEFORE USING A	ATTACHMENTS ("X" BOX FOR A S FILING OF AMENDMENT, R.I.C :	BILITY COMPANY, IF APPLICABLE ACHMENTS ("X" BOX FOR ATTACHMENT) TILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52		
Manager Name David R. Wa	hrlich		Manager Name W. Kenneth Joh	nson		
6 Squire Ro	ad		Street Address	Street Address 210 Longhouse Lane		
Schenectady	State NY	7.ip 12304	City Slingerlands	State NY	Zip 12159	
Manager Name		•	Manager Name	****************	***********************************	
Clough, Har	bour & Assoc	<u>iates LLP</u>				
Stret Address III Winners	Circle		Street Address	Street Address		
City	State	Zip	City	State	Zip	
Albany	YN	12205	•			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Change Agent Name			es require filing of Form 642 · R.I.G.L. 7-16-11 Address			
CT CORPORATION S	YSTEM					
Address		<u> </u>	City	Zip		
10 WEYBOSSET STREET			PROVIDENCE		02903	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

* 1 0 6 9	
File Date 6/1/03	
Check No. 1069	_
By:	_
Check No. 1069	— — —

Under penalty of perjury, I declare	and affirm that I have	e examined this move
including any accompanying sched	Jules and statements.	and that all statements
contained herein are true and for	ect.	
\ //		
\ //		_

Kenneth Johnson

Print or Type Name of Authorized Person



9-23.02

FOR SECRETARY OF STATE USE ONLY

File Date

Check No.

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYP.			ruing rec: \$50.00				
1. ID No.		of the limited lie	bilty company				
106911		ervices, LLC					
3. State of Formation				ss which is actually conducte	d in Rhode Island		
NEW YORK		NSTRUCTION I	MANAGEMENT				
5. Principal office addr	ers C11	de P.D.	Box 5307	Libany	State		I2205-0307
	RESS OF LI	MITED LIAB	ILITY COMPANY A	ND NAME OR TITLE	OF CONTACT P	ERSON:	
Contact Name	Bourd.	Pau		- , , ,	anager		
Sireei Address	rs Circle	ρ.0.	BIN 5307	: Albany	State		^{zip} 12205-0307
7. NAME AND ADD				D LIABILITY COMPA	· ·	_	
			BEFORE USING ATTA	CHMENTS ("X" BOX ILING OF AMENDMENT.	K FOR ATTACHMENT		
Manager Name	YIL HODIL	CATIONS TO MI	ANAGERS REQUIRES P	*Manager Name	K.I.G.L 7-16-12 (8) (2	17 7-16-52	
	11/1			•			
Street Address	7 4 7 7			*Street Address			·
				•			
City	State		Zip '	City	State		Zip
Manager Name		• • • • • •	J	Manager Name		• • • • •	J
Street Address			<u> </u>	*Sircei Address	.		<u></u>
City	State		Zip	·City	State		Zip
8. RESIDENT AGEN	T IN RHODI	ISLAND-DO	NOT ALTER- Change	s require filing of F	orm 642 - R.I.G.L.	7-16-11	'
Agent Name				Address			
CT CORPORATION SY	STEM						
Address				City	10	Zip	
10 WEYBOSSET STRE	ET			PROVIDENCE		02903	
			_				<u> </u>
TI.:							
this report must be	signed in ii	ik by an auth	orized person pursu	ant to 7-16-66.			
			. 1881				
	* 1 O	6 9 1 1		Under menalty of m	erjury, I declare and a	ffirm that fi	have exemined
		- /		onuce penalty of p	cijacy, i occiaic aliu i	armen ulat I l	MAYC CABITURCU

Form 632 Rev. 6/02

this report, including any accompanying schedules and statements,

and that all statements contained herein are true and correct.

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY



D Number FLLC 1069	91	1
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Annual Report for the year 2001

טו	Number FLLC 100911	Annual Report for the year 2001
1.	The name of the limited liability compa	iny is:
	CHA Tech Services, LLC	
2.	The address of the principal office of the III Winners Circle, F	P.O. Box 5307, Albany, NY 12205-0307
3.		e laws of which it is formed is <u>NEW YORK</u>
4.	The name and address of its resident	agent is: CT CORPORATION SYSTEM
	10 WEYBOSSET STREET PROVIDE	NCE RI 02903
5.	may be directed are: / Senise	ited liability company and the name or title of a person to whom communications BOUNDEAU, Uffice Manager DO BO 5307 Albany NU 12205 (1307)
6.		P.O. Box 5307, Albany Ny 12205-0307 the business in which the limited liability company is actually engaged in this
7.	If the limited liability company has man Name	Address Address
Da	ated	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. CHA TECH Services LLC Exact Name of Limited Diability Company
File	FOR SECRETARY OF STATE USE ONLY: Date: 10.3-01	By Da mo President
Che	ck No.: 336 (Title Form No. 632
Ву:	a	Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



21

By:

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number FLLC 106911	Annual Report for the year 2000
1.	The name of the limited liability comp	any is:
	CHA Tech Services, LLC	
2.	The address of the principal office of	the limited liability company is: Ircle, P.O. Box 5307 Albany NY 12205
3.	The state or other jurisdiction under the	ne laws of which it is formed is <u>NEW YORK</u>
4. The name and address of its resident agent is: CT CORPORATION SYSTEM		
	10 WEYBOSSET STREET PROVID	ENCE RI 02903
5.	may be directed are:	united liability company and the name or title of a person to whom communications. United liability company and the name or title of a person to whom communications. United liability company and the name or title of a person to whom communications.
	Albany, Ny 122	05; Denise Bourdeau
6.	Λ - Ι ι	f the business in which the limited liability company is actually engaged in this
7.	If the limited liability company has ma Name	nagers, the name and address of each manager of the limited liability company Address
Da	ated 9/27/00	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.
	1	Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USB ONLY	President President
Cho By:	eck No.: 2191 : 21	Title Form No. 632 Revised 01/99