

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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

ROFIT (	CORPORATION	<b>ANNUAL REPORT</b>	FOR THE YEAR	2005
—				

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN	•	Fee: \$50.00	TOR THE TEAR	200	
1. Corporate ID No	2. Name of Corporation				
111062	Liebert Field Ser	vices, Inc.			
3. Street Address Principal Business	e Campus	Prive	wasterville.	State OH	<sup>zip</sup> 43082
4. Bustness Phone No. 614 841 640	- <del>-</del> -	5. State of Incorporation DELAWARE			6. SIC Code.
7. Brief Description of the Character	of Business Conducted in	hode Island	OMPUTER ROOM ENVIRONME	ENTAL EQUIPMENT	
8. NAMES AND ADDRESSES  President Name  C. C ( A - 2) / C. c.	OF THE OFFICERS:	("X" BOX FOR ATTA	Vice President Name	ACES BEFORE USIN	IG ATTACHMENTS
S Co +1 DY 56	<del>/                                    </del>	<del></del> -	R.A. Rohd Street Address	<u>e                                     </u>	
1050 Dearbo	orn Dr.			sorn Dr.	
Columbus	State OH	<sup>2φ</sup> 43229	Columbus	State	43219
J. T. Blind			Treasurer Name J. T. Blind	,	
Since Address Dear be	oen Dr	<del></del>	Sirver Address 1250 Dearla	2001 . 720	
Columbus	State	<sup>z4</sup> 43229	City Caleunters	State OLI	Zip 44 22301
9. NAMES AND ADDRESSES	OF THE DIRECTOR		· · ·	SPACES BEFORE US	ING ATTACHMENTS
J.G. Berge.	<u>s</u>		EK. Feeney		
Sirrei Address W. + 101	r issamt A	ve	Sirect Address 1050 Dear bo	rn Dr	
Sy. Louis S	State	<sup>zip</sup> 63136	Cuy Columbus Director Name	Siate OH	Zip 43229
C. T. Baver			Street Address	_	
1050 Dog 1 601	n Dr.				
Columbus	State 0#	43229	City·	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA		11. SHARES ISSUED (*)	X" BOX FOR ATTAC	HMENT) 🗆
Number of Shares	Clast/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VA	LUE	<del></del>	1,000		
· This report must be	signed in ink by eithe	er the President, Vice P	resident, Secretary, Assistant	Secretary, Treasurer	Receiver or Trustee
I Idelli	*111062			inying schedules and st	that I have examined this report atements, and that all statements
File Date	8 2005 6625	282	Signifure of Officer	J. Blu	Date
Check No. FEB 2	8 20175 00 P		J. T. B/	nd	, , , , , , , , , , , , , , , , , , ,
Ву:Ву	•	Print or Type Name of Officer Secretary / Treasurer			
FOR SECRETARY OF STATE USE ONLY			Title of Officer		



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

Matthew A. Brown, Secretary of State

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_

2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK)					
1 Corporate ID No.	Corporate ID No. 2. Name of Corporation				
111062	Liebert Field Serv	ices, Inc.			
3. Street Address Principal Business O			City	State	Zip
6/0 Executive	Compus !	Dr.	leresder ce ile	04	14308.22
4. Business Phone No.	,	5. State of Incorporation	<u> </u>		6. SIC Code
614 84/ 6400	7	DELAWARE		•	
7. Brief Description of the Character of REPAIR AND MAINTENAL	( Business Conducted in RI NCE OF LIEBERT N.A	pode Island PRODUCTS AND COM	PUTER ROOM ENVIRONMEN	TAL EQUIPMENT	
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC		CES BEFORE USING AT	TACHMENTS
President Name	/		Vice President Name		
Scott Dyse	· <del></del>	<del>.</del>	RA Boyde		
Street Address 1050 Dear bo	M Dr.		Street Address /85 CARSSI'NG!	ham Lane	
Columbus Secretary Name	Siair OH	<sup>Zip</sup> 43229	Foxell &	Siale OH	12p 43065
Secretary Name TH Venneme	Ver		Treasurer Name Same as S	ecretary	
Street Address	<del>/                                    </del>		Street Address	Co chary	<del></del>
6158 Abbots	ford Dr				
Dublin	State OH	21p 43017	City	State	ZΨ
9. NAMES AND ADDRESSES	OF THE DIRECTORS	("X" BOX FOR ATT	ACHMENT) TELL IN SI	PACES BEFORE USING	ATTACHMENTS
Director Name	·	<del>-</del> ` <del>····································</del>	Director Name		
J& Berges			FK Feenes	/	
Street Address			Street Address		-
8000 West F10	orissant b	que	1050 Dearbor	n Dr	
St. Louis	State MO	zφ 6 3236	Columbus	State	zφ 43229
Director Name			Director Name		
CT Baver					
Street Address	, ·		Street Address		
8000 West.	flor issam	+ Ave	•		
City	State M O	63136	City	State	Zip
10. SHARES AUTHORIZED (	"X" BOX FOR ATTA		11. SHARES ISSUED ("X"	BOX FOR ATTACHME	π'τ') ' Γ΄ <del>' ' · · · · · · · · · · · · · · · · · </del>
AUTHORIZED SHARES ISSUED SHARES					
Number of Shares	Class/Senes	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VALUE / 000					
This report must be si	gned in ink by either	the President, Vice Pr	Iesident, Secretary, Assistant S	I Secretary, Treasurer, Rec	L civer or Trustee
1 (8 8 (2)   1 3 8 ( 1 8 8 ( 1 8 8 ( 1 8 8 ) )					

# 1 1 1 0 6 2 \*

File Date 2 0 0 4

Check No. 2017936 |

By: 50R SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that	I have examined this report,
including any accompanying schedules and staten	nents, and that all statements
including any accompanying schedules and statem contained herein are true and correct.	) I
Than & Vennemy !	2 13 04 Date
Signature of Officer	
Thomas A. Vennemey	1er
Print or Type Name of Officer	
Secretary / Treasurer	^
Title of Officer	Form 630 Per: 12/03

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

Form 630 12/02

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1 Corporate ID No. 2. Name of Corporation 111062 Liebert Field Services, Inc. 3. Street Address Principal Business Office Sales and Service of Computer Support Equipment 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) City Zip State Dublin **FILL IN SPACES BEFORE USING ATTACHMENTS** 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) ノ# Florissant AVR Street Address 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Par Value Number of Shares Class/Series Par Value Class/Series 1,000 COMM \$1.00 PAR VALUE 1000

his report must be <b>signed in ink</b> by either the President, <sup>3</sup>	Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust
* 1 1 0 6 2 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, as
File Date:	that all statements can ained herein are true and correct.
Check No: 14003-7	Signature of Officer Date
By:	Print of Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Tule of Officer

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PLEASE READ INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00	JOHN TOR THE		PLIASE R INSTRUCT
(FORM MUST BE TYPED IN BLACK)			
1. Corporate ID No. 2. Name of Corporation			
111062 Liebert Field Services, Inc.			
3. Street Address Principal Business Office	City	State	Zip .
4. Business Phone No.  4. Business Phone No.  6. H SHI 6-100 DELAWARE  7. Brief Description of the Character of Business Conducted in Rhode Island	"Klesteruille	OH	6. SIC Code
Sales and Service of Computer	Scipport E	quipment.	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATT) President Name	CHMENT) FILL IN SPACES	BEFORE USING ATTACHM	IENTS
	Vice President Name	1	
E.K. Fenny	Street Address	Ja	
1050 Dearborn Drive	<u> </u>	1-1-1	
City State Zip	1020 Dea	State DY	Zip
Columbus OH 43085	Columbus	HO	43085
T A Vania	Treasurer Name		
T.A. Vennemeyer	T. A. Venne Street Address	meyer	
1050 Decreon Dr	**************************************	ourn Dr	
Columbus OH 43035	Columbus	State	Z13082
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	S BEFORE USING ATTACE	IMENTS
Director Name	Director Name		
J. G Berges.	た・ド・ トイ	inney	
8000 IN Florissont Ave.	Street Address	about Dr	
Clum , State Zip	city	State	Zip
St Laus MO (63136)	Columpa ?	DH	7308,2
Director Name	Director Nome	•	
H.M Smith	C.T Bai	led.	
Siree Address	Street Address	1 . 22:22	Λ.
COUNTY TO State HVE	1 W 0008	-lorissont	<i>₹</i> ₩
State NO 21p 21p 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	SH Louis	State	2136.
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	34 LOUIS 11. SHARES ISSUED (*	M 10 10 10 10 10 10 10 10 10 10 10 10 10	U2130.
AUTHORIZED SHARES	ISUED SHARES	A BOX FOR ATTACHMENT)	
Number of Shares Class/Series Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VALUE			#1,
	1, 000	Common	" I.O()
		· · · · · · · · · · · · · · · · · ·	_
			•

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	3-4-02	
B Check No.:	89616	
Ву:	2c	
FOR SECRETA	RY 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.

Dels D	, ,
simplified office	Pate

	_	
Print or Type Name of Officer		_ · ·

tle of Officer	•	

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate 10 NO62 <sup>2</sup>L<sup>N</sup>TEbért<sup>or</sup>ffeld Services, Inc. 3. Street Address Principal Business Office Westerville Campus Drive 610 5. State of incorneration 614-841-6400 7. Brief Description of the Character of Business Conducted in Rhode Island Support Equipment
(ENT) FILL IN SPACES BEFORE USING ATTACHMENTS bales and Service of Computer 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" HOX FOR ATTACHMENT) Vice President Name E.K. Feeney Blind  $\mathcal{T} \cdot \mathcal{L}$ Street Address Dearborn Dr. earborn or. 1050 City Columbus 43065 Secretary Name T.A. Vennemeyer Street Address 1050 Dearborn Dr. 1050 Dearborn Dr. City City end molo. 04 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name J.G berges E.K. Feeney Street Address Street Address 8000 West Florissant 1050 Dearborn Dr. City ما313ه DH 3085 St. Louis  $\mathcal{O}$ Columbus Director Name H.M. Smith BAULY Street Address W. Florissant West Florissant 8000 City State St. Louis MO

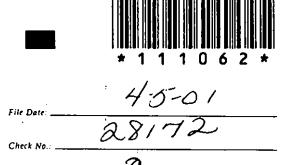
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Par Value

ISSUED SHARES

Number of Shares

1.000



FOR SECRETARY OF STATE USE ONLY

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

1,000 COMM \$1.00 PAR VALUE

**AUTHORIZZED SHARES** 

Number of Shares

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.

Class/Series

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Par Value

President of Finance