



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 111062		2. Name of Corporation Liebert Field Services, Inc.			
3. Street Address Principal Business Office 610 Executive Campus Drive		City Westerville	State OH	Zip 43082	
4. Business Phone No. 614 841 6400		5. State of Incorporation DELAWARE		6. SIC Code.	
7. Brief Description of the Character of Business Conducted in Rhode Island REPAIR AND MAINTENANCE OF LIEBERT N.A. PRODUCTS AND COMPUTER ROOM ENVIRONMENTAL EQUIPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Scott Dyser			Vice President Name R.A. Rohde		
Street Address 1050 Dearborn Dr.			Street Address 1050 Dearborn Dr.		
City Columbus	State OH	Zip 43229	City Columbus	State OH	Zip 43229
Secretary Name J.T. Blind			Treasurer Name J.T. Blind		
Street Address 1050 Dearborn Dr.			Street Address 1050 Dearborn Dr.		
City Columbus	State OH	Zip 43229	City Columbus	State OH	Zip 43229
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name J.G. Berges			Director Name E.K. Feeney		
Street Address 8000 W. Florissant Ave			Street Address 1050 Dearborn Dr		
City St. Louis	State MO	Zip 63136	City Columbus	State OH	Zip 43229
Director Name C. I. Bauer			Director Name		
Street Address 1050 Dearborn Dr.			Street Address		
City Columbus	State OH	Zip 43229	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VALUE			1,000		

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



111062

FILED

File Date FEB 28 2005 0022382
Check No.
By KB

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.

Jeffrey J. Blind
Signature of Officer

Date

J.T. Blind
Print or Type Name of Officer

Secretary / Treasurer
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. 111062		2. Name of Corporation Liebert Field Services, Inc.			
3. Street Address Principal Business Office 610 Executive Campus Dr.		City Westerly	State RI	Zip 02892	
4. Business Phone No. 614 841 6400		5. State of Incorporation DELAWARE			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island REPAIR AND MAINTENANCE OF LIEBERT N.A. PRODUCTS AND COMPUTER ROOM ENVIRONMENTAL EQUIPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Scott Dyser			Vice President Name R A Rohde		
Street Address 1050 Dearborn Dr.			Street Address 185 Cressingham Lane		
City Columbus	State OH	Zip 43229	City Powell	State OH	Zip 43065
Secretary Name T A Vennemeyer			Treasurer Name Same as Secretary		
Street Address 6158 Abbotsford Dr			Street Address		
City Dublin	State OH	Zip 43017	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name J B Berges			Director Name E K Feeney		
Street Address 8000 West Florissant Ave			Street Address 1050 Dearborn Dr		
City St. Louis	State MO	Zip 63136	City Columbus	State OH	Zip 43229
Director Name CT Bauer			Director Name		
Street Address 8000 West Florissant Ave			Street Address		
City St. Louis	State MO	Zip 63136	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VALUE			1,000		

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



* 1 1 1 0 6 2 *

File Date	2/20/04
Check No.	00179361
By:	W.
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.

Signature of Officer Thomas A. Vennemeyer	Date 2/13/04
Print or Type Name of Officer Thomas A. Vennemeyer	
Title of Officer Secretary / Treasurer	



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

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 MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

111062

2. Name of Corporation

Liebert Field Services, Inc.

3. Street Address Principal Business Office

610 Executive Campus Dr

City

Westerville

State

OH

Zip

43082

4. Business Phone No

614 841 6400

5. State of Incorporation

DELAWARE

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

Sales and Service of Computer Support Equipment

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

G J Ross

Vice President Name

R A Rhoad

Street Address

256 Chasley Circle

Street Address

189 Briar bend Blvd

City

Powell

State

OH

Zip

43065

City

Powell

State

OH

Zip

43065

Secretary Name

TA Vennemeyer

Treasurer Name

same as Secretary

Street Address

6158 Abbotsford Dr

Street Address

City

Dublin

State

OH

Zip

43017

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

J H Berges

Director Name

E K Feeney

Street Address

8000 W Florissant Ave

Street Address

1050 Dearborn Dr

City

St Louis

State

MO

Zip

63136

City

Columbus

State

OH

Zip

43209

Director Name

C T Bauer

Director Name

E K Feeney

Street Address

8000 W Florissant Ave

Street Address

City

St Louis

State

MO

Zip

63136

City

State

Zip

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$1.00 PAR VALUE

Number of Shares

Class/Series

Par Value

1 000

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



* 1 1 1 0 6 2 *

File Date: _____

4-7-03

Check No: _____

140037

By: _____

ICP

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

5

Form 630 12/02



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

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 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

111062

2. Name of Corporation

Liebert Field Services, Inc.

3. Street Address Principal Business Office

610 Executive Campus Drive

City

Westerville

State

OH

Zip

43082

4. Business Phone No.

614 841 6400

5. State of Incorporation

DELAWARE

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

Sales and Service of Computer Support Equipment.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

E.K. Fenny

Street Address

1050 Dearborn Drive

City

Columbus

State

OH

Zip

43085

Vice President Name

J.T. Blind

Street Address

1050 Dearborn Dr

City

Columbus

State

OH

Zip

43085

Secretary Name

T.A. Vennemeyer

Street Address

1050 Dearborn Dr

City

Columbus

State

OH

Zip

43085

Treasurer Name

T.A. Vennemeyer

Street Address

1050 Dearborn Dr

City

Columbus

State

OH

Zip

43085

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

J.G. Berges.

Street Address

8000 W Florissant Ave.

City

St Louis

State

MO

Zip

63136

Director Name

E.K. Fenney.

Street Address

1050 Dearborn Dr

City

Columbus

State

OH

Zip

43085

Director Name

H.M. Smith

Street Address

8000 W Florissant Ave.

City

St Louis

State

MO

Zip

63136

Director Name

C.T. Bauer.

Street Address

8000 W Florissant Av

City

St Louis

State

MO

Zip

63136

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

\$1.00

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



* 1 1 1 0 6 2 *

File Date: 3-4-02

Check No.: 89616

By: [Signature]

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.

[Signature]
Signature of Officer Date

Print or Type Name of Officer

Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 191062 2. Name of Corporation LYBERT Field Services, Inc.

3. Street Address Principal Business Office

610 Executive Campus Drive

City

Westerville

State

OH

Zip

43062

4. Business Phone No.

614-841-6400

5. State of Incorporation
DELAWARE

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

Sales and Service of Computer Support Equipment

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

E.K. Feeney

Street Address

1050 Dearborn Dr.

City

Columbus

State

OH

Zip

43065

Vice President Name

J.T. Blind

Street Address

1050 Dearborn Dr.

City

Columbus

State

OH

Zip

43065

Secretary Name

T.A. Vennemeyer

Street Address

1050 Dearborn Dr.

City

Columbus

State

OH

Zip

43065

Name

T.A. Vennemeyer

Street Address

1050 Dearborn Dr.

City

Columbus

State

OH

Zip

43065

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

J.G. Berges

Street Address

8000 West Florissant Ave

City

St. Louis

State

MO

Zip

63136

Director Name

E.K. Feeney

Street Address

1050 Dearborn Dr.

City

Columbus

State

OH

Zip

43065

Director Name

H.M. Smith

Street Address

8000 West Florissant Ave.

City

St. Louis

State

MO

Zip

63136

Director Name

C.T. Bauer

Street Address

8000 W. Florissant

City

St. Louis

State

MO

Zip

63136

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common \$1.00

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



* 1 1 1 0 6 2 *

File Date: 4-5-01
28172

Check No.: 2

By: [Signature]

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.

Jeff Blind
Signature of Officer Date

Jeff Blind
Print or Type Name of Officer

Vice President of Finance
Title of Officer