State of New Hampshire
2005 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 03/30/2005
Business ID: 312961
William M. Gardner
Secretary of State

EMBEDDED EDGE, L.L.C.

46 PINE ST EXT

NASHUA , NH 03060

ENTITY TYPE:	LLC
BUSINESS ID:	312961
STATE OF DOMICILE:	NEW HAMPSHIRE
FEDERAL ID:	020506958

TECHNICAL DEV & REFERENCE DESIGN FOR INTERNET MULTIMEDIA PROUDCTS;ETC

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ADDRESS OF PRINCIPAL OFFICE:

46 PINE ST EXT

NASHUA , NH 03060

REGISTERED AGENT AND OFFICE:

DANIEL W MALEK

142 MCGETTIGAN RD

WILTON , NH 03086

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If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

[X] The new mailing address **46 TECHNOLOGY WAY, NASHUA, NH 03060**

[X] The new principal office address **46 TECHNOLOGY WAY, NASHUA, NH 03060**

PO Box is acceptable.

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MANAGERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **DAN MALEK**
STREET **142 MCGETTIGAN RD.**
CITY/STATE/ZIP **WILTON NH 03086**
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP

MEMBERS — **B**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. **CHRISTINA YOUNG**
STREET **11 ST. JAMES AVE.**
CITY/STATE/ZIP **SHREWSBURY MA 01545**
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **DAN MALEK**

Please print name and title of signer: **DAN MALEK** / **MANAGER**

NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529