

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032968 IN

**DOCUMENT # L00000008969**

1. Entity Name

**ORSAY COMPANY LLC**

**FILED**

**2001 MAY -2 PM 12: 28**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**SQE SERVICES AG  
ALFRED ESCHERSTR.9. POSTFACH. CH 8027  
ZURICH SWITZERLAND**

Mailing Address  
**SQE SERVICES AG  
ALFRED ESCHERSTR.9. POSTFACH. CH 8027  
ZURICH SWITZERLAND**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
**c/o Kilpatrick Stockton LLP  
Suite, Apt. #, etc.  
1100 Peachtree St, Ste 2800  
City & State  
ATLANTA, GA  
Zip  
30309**

Country  
**USA**

4. FEI Number  Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

**300004325919-2  
-05/29/01--01132--001  
\*\*\*\*\*600.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER KATHARINA FEUZ SAME AS PRINCIPAL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER FAZITA INVESTMENTS, INC. SAME</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Neil Falis** **5/1/01** **(661) 815-8500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)