
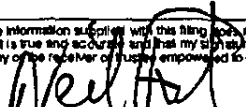


**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000009854			
1. Entry Name ALLIED TECH LLC			
Principal Place of Business SQU SERVICES AG, ALFRED ESCHERSTR 9, POSTFACH, CH 8027 ZURICH, SWITZERLAND, OC		Mailing Address C/O KILPATRICK STOCKTON LLP 1100 PEACHTREE ST STE 2800 ATLANTA, GA 30309	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2626		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title of individual.		NOTE: Registered Agent Name(s) required when changing.	
<p>FILE NOW! IN FEES \$50.00 Make Check Payable to Florida Department of State Due By May 11, 2003</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MEM FEUZ, KATHARINA SQU SERVICES AG, ALFRED ESCHERSTR ZURICH, SWITZERLAND, <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MEM FAZTA INVESTMENTS SQU SERVICES AG, ALFRED ESCHERSTR ZURICH, SWITZERLAND, <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		TITLE	<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)(f), 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 606, Florida Statutes.			
SIGNATURE: 		NEIL D. FALLS 4-22-03 (404) 915-6609	
SIGNATURE AND TYPED OR PRINTED NAME OF AGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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CHECK HERE IF MAKING CHANGES

CPR0303 (10/02)