

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90006 035 \*\*\*\*50.00

**DOCUMENT # M00000001639**

1. Entity Name

**VOLUNTARY DATA SERVICES, LLC**

Principal Place of Business

**901 PENINSULA CORPORATE CIR.  
 BOCA RATON FL 33487**

Mailing Address

**901 PENINSULA CORPORATE CIR.  
 BOCA RATON FL 33487**

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

**65-0439698**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SCHREMPF, D.W.</b> <input checked="" type="checkbox"/> Delete <b>750 PARK OF COMMERCE DRIVE BOCA RATON FL 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Interim MGR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Chapin Clark</b> <b>901 Peninsula Corporate Circle Boca Raton, FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <input type="checkbox"/> Delete <b>DELEHANTY, TERRENCE P</b> <b>750 PARK OF COMMERCE DRIVE BOCA RATON FL 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Terrence D. Delehanty</b> <b>901 Peninsula Corporate Circle Boca Raton, FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <input type="checkbox"/> Delete <b>DECESARI, JAMES</b> <b>750 PARK OF COMMERCE DRIVE BOCA RATON FL 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>James DeCesari</b> <b>901 Peninsula Corporate Circle Boca Raton, FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.073(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:** Terrence D. Delehanty *Terrence D. Delehanty* **4/19/02** **561-893-1000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)