
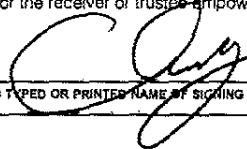


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Apr 30, 2004 08:00 AM
Secretary of State**

DOCUMENT # M03000003499				
1. Entity Name SETTLEMENT ASSISTANCE SERVICES, LLC				
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 345 ROUSER ROAD, BLDG #5 Suite, Apt. #, etc.		3. Mailing Address 345 ROUSER ROAD, BLDG #5 Suite, Apt. #, etc.		
City & State CORAOPLIS, PA		City & State CORAOPLIS, PA		
Zip 15108		Country USA		
4. FEI Number 57-1178045		Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		
7. Name and Address of Current Registered Agent				
Name C T CORPORATION SYSTEM				
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD				
City PLANTATION				
State FL				
Zip Code 33324				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1				
9. MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER FRANCIS H. AZUR 345 ROUSER ROAD, BLDG #5 CORAOPLIS, PA 15108	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000144680 04/30/04-80141-018 50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER CHRISTOPHER F. AZUR 345 ROUSER ROAD, BLDG #5 CORAOPLIS, PA 15108	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		Christopher Azur		4/29/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small> (412) 299-6200

CR2ED63B (12/02)