

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M98000000863**

1. Entity Name  
**TRANSACTIONAL DATA SOLUTIONS, LLC**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25



Principal Place of Business      Mailing Address

ATTN: GREG MAZZANOBILE      ATTN: GREG MAZZANOBILE  
 2000 PURCHASE STREET      2000 PURCHASE STREET  
 PURCHASE NY 10577      PURCHASE NY 10577

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For

13-4017264      Not Applicable

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

6. Name and Address of Current Registered Agent

**MAZZANOBILE, G.**  
**700 W. HILLSBORO BLVD.**  
**BLDG. 4, SUITE 201**  
**DEERFIELD BEACH FL 33441-1620**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KISSINGER, T 2000 PURCHASE STREET PURCHASE NY 10577 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORE, F 2000 PURCHASE STREET PURCHASE NY 10577 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAZZANOBILE, G 2000 PURCHASE STREET PURCHASE NY 10577 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIVEK, W 700 WEST HILLSBORO BLVD., BLDG. 4, STE.201 DEERFIELD BEACH FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ENGEL, W 700 WEST HILLSBORO BLVD., BLDG. 4, STE.201 DEERFIELD BEACH FL 33441 <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 <b>100003350501--6</b> -08/09/00--01032--016 *****50.00 *****50.00
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: SIGNATURE REQUIRED      Date: 7/11/00      Daytime Phone #: 918-249-4612

CR2E083 (5/00)