## 2002 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

## Mar 28, 2002 8:00 am Secretary of State DOCUMENT # L9900003709 1. Entity Name 03-28-2002 90006 027 \*\*\*\*50.00 NATIONAL LITIGATION SERVICES, PLC Principal Place of Business Mailing Address ONE SOUTHEAST THIRD AVENUE, TENTH FLOOR ONE SOUTHEAST 3RD AVE. MIAMI FL 33131 10TH FLOOR MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0934637 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POWERS, MARC K Street Address (P.O. Box Number is Not Acceptable) ONE SOUTHEAST THIRD AVENUE, TENTH FLOOR MIAMI FL 33131 City 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) 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 TITLE MGR TITLE ☐ Delete Change ☐ Addition NAME HOLTZ, LAURIE STREET ADDRESS ONE SOUTHEAST 3RD AVENUE, 10TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Gardemal, Joe NAME STREET ADDRESS 8230 LEESBURG PIKER, SUITE 700 STREET ADDRESS CITY-ST-7IP VIENNA VA 22182 CITY-ST-ZIP TITLE MGR Delete TITLE Addition NAME POLITZINGER, DAVID NAME STREET ADDRESS **3 MINNEAKONING ROAD** STREET ADDRESS CITY-ST-ZIP **FLEMINGTON NJ 08822** CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change ☐ Addition FRANKEL, BARRY NAME STREET ADDRESS 1073 WEST PEACHTREE STREET N.E. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP atlanta ga 30309 MGR TITLE ☐ Delete TITLE ☐ Change Addition FINKEL, RICHARD NAME STREET ADDRESS 29 S. MAIN STREET STREET ADDRESS CITY-ST-ZIP WEST HARTFORD CT 06127 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS 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.

Daytime Phone #

FILED