2	001 UNIFORM	BUSINESS	REPORT ((UBR)
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SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING GENERAL PARTINGS

SIGNATURE:

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DOCU 1. Entity Nam		0000122		e ng	715 AF	
NATIONA	AL REAL ESTATE INFORMATION S	ERVICES LIMITE		FILED	1000 mag 200 A	
Principal Place of Business 290 BILMAR DRIVE PITTSBURGH PA 15205 Mailing Address 290 BILMAR DRIVE PITTSBURGH PA 15205				2001 MAY I I PM 3: 0 I DIVISION OF CORPORATIONS THE PHOTOLOGICA		
2. Principal Place of Business N/A		3. Mailing Address N/A			A Control	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	137 138 138	
City & State		City & State		4. FEI Number Applied For Not Applicable	100 March 100 Ma	
Zip	Country	Zip	Country	5. Certificate of Status Desired 1/A \$8.75 Additional Fee Required	100000000000000000000000000000000000000	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
HUTCHINS	SON, PHILLIP D JR.		~_ ~	Name N) A Street Address (P.O. Box Number is Not Acceptable)		
	OTH STREET		Sileet Address	S (1.0. Box Holling to Not / Googlasto)	100 July 2	
PANAMA (CITY FL 32401			17-0x4	The state of the s	
			City	FL Zip Code	1	
8. The above	_	or the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florida.	1	
SIGNATURE	N/A Signature, typed or printed name of registered agent	Abla if and Table (NOTE)	Registered Agent signature requ	nimd when reinstating) DATE	1	
9. Capital Co	ontributions \$50,000,00	10. Amount of Capital in FLORIDA to da	Contributions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENERAL PARTNER I	THAT IS A BUSINESS ENT AY NOT be changed on the	TTY MUST BE REG	ISTERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	Control 1	
12.	GENERAL PARTNE		13.	ADDRESS CHANGES ONLY	1	
DOCUMENT #	DOCUMENT #		STREET ADDRESS		(0)	
NAME STREET ADDRESS CITY-ST-ZIP	HUIZDAK, RICHARD C 290 BILMAR DRIVE PITTSBURGH PA 15205		CITY-ST-ZIP		CR2E003 (11/00)	
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DOCUMENT # NAME			STREET ADDRESS	7	è	
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DOCUMENT 4, NAME STREET ADDRESS			STREET ADDRESS	i	· •	
CITY-ST-ZIP			CITY-ST-ZIP			
indianta:	certify that the information supplied witl d on this report is true and accurate and iver or trustee empowered to execute th	i that my eignatite chail have t	ha same lenal ettect as	n Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or	# ; * ;	