

2002 UNIFORM BUSINESS REPORT (UBR)

0018641 AB

DOCUMENT # B00000000122

1. Entity Name

NATIONAL REAL ESTATE INFORMATION SERVICES LIMITE
D PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 29 PM 1:20

Principal Place of Business

290 BILMAR DRIVE
PITTSBURGH PA 15205

Mailing Address

290 BILMAR DRIVE
PITTSBURGH PA 15205

2. Principal Place of Business

N/A

3. Mailing Address

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

25-1780706

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ N/A

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTCHINSON, PHILLIP D JR.
1209 W. 10TH STREET
PANAMA CITY FL 32401

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 N/A

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

None

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME HUIZDAK, RICHARD C
STREET ADDRESS 290 BILMAR DRIVE
CITY-ST-ZIP PITTSBURGH PA 15205

STREET ADDRESS

CITY-ST-ZIP

FF 52.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Sub fee 88.75

late fee 400

DOCUMENT #
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STREET ADDRESS

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541.25

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)