

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90285 026 \*\*\*150.00

**DOCUMENT #** F93000002901

**1. Entity Name** Telecheck Recovery Services, Inc

**Principal Place of Business**

**Mailing Address**

**6200 SOUTH QUEBEC STREET.**

**552875**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**6200 S. Quebec St.,**

**3. Mailing Address**

**6200 S. Quebec St.,**

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

**Suite 210AS**

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

**Suite 210AS**

**City & State**

**Greenwood Village CO**

**City & State**

**Greenwood Village CO**

**4. FEI Number**

**58-2014180**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**80111-4729**

**Zip**

**Country**

**80111-4729**

**5. Certificate of Status Desired**

☐

**\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**

**1201 HAYS STREET**

**TALLAHASSEE FL 32301-2525**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

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

**9. MANAGING MEMBERS / MEMBERS**

**10. ADDITIONS / CHANGES**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Baer, Jeffery B.</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>12500 Belford Ave</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>Englewood Co 80112</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Berryman, J. Allen</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>5251 Westheimer</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>HOUSTON TX 70056</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>AT</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Dembowski, Jerry P.</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>6200 S. Quebec Str</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>Englewood Co 80111</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>AS</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Algiene, Ken</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>6200 S. Quebec Str</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>Englewood CO 80111</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>AS</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Wilson, Karen D.</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>10825 farnam Dr</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>Omaha NE 68154</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>AS</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Whealy, Michael T.</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>5660 new northside Dr St 1400</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>Atlanta GA 30328</b>		<b>CITY-ST-ZIP</b>	

**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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**ASST. TREASURER**

Date

Daytime Phone #

**4/24/1 303-967-7147**