

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-19-2001 90285 024 ***150.00

DOCUMENT # **F98000006519**

1. Entity Name

BankCard Investigative Group Inc

Principal Place of Business

Mailing Address

6200 SOUTH QUEBEC STREET.

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

58-2368158

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

TITLE AS
NAME Abelman, Henry M.
STREET ADDRESS 5660 New Northside Drive Suite 1400
CITY-ST-ZIP Atlanta GA 30328

TITLE P
NAME Degen, Robert C
STREET ADDRESS 5660 New Northshore Drive Suite 1400
CITY-ST-ZIP Atlanta GA 30328

TITLE AT
NAME Dembowski, Jerry P
STREET ADDRESS 6200 S. Quebec Str
CITY-ST-ZIP Englewood Co 80111

TITLE AS
NAME Dallas, Martin R
STREET ADDRESS 6200 S. Quebec Str
CITY-ST-ZIP Englewood Co 80111

TITLE VP
NAME Ritter, Duane
STREET ADDRESS 5660 New Northshore Drive St 1400
CITY-ST-ZIP Atlanta GA 30328

TITLE AS
NAME Rossi, Thomas A
STREET ADDRESS 11718 Nicholas Street
CITY-ST-ZIP Omaha NE 68154

TITLE
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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.

SIGNATURE:

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

ASST. TREASURER

Date

Daytime Phone #

4/24/01 303-967-7147