2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013897

1. Entity Name

BECKER INVESTMENT MANAGEMENT SERVICES, L.C.

Principal Place of Business	Mailing Address
660 BEACHLAND BLVD., STE. 201 VERO BEACH FL 32963	660 BEACHLAND BLVD., STE. 201 VERO BEACH FL 32963

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 / Not Applicable
Zip / Country	Zip / Country	**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
BECKER, RICHARD E 660 BEACHLAND BLVD., STE. 201 VERO BEACH FL 32963	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 _____ 2/10/02

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS   **10.**   ADDITIONS / CHANGES

TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BECKER, RICHARD E		NAME			
STREET ADDRESS	660 BEACHLAND BLVD., STE. 201		STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME	70000362387 7 --5		
STREET ADDRESS			STREET ADDRESS	-02/02/01--01020--009		
CITY-ST-ZIP			CITY-ST-ZIP	*****50.00 *****50.00		

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: _____ Manager   2/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)