

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90067 030 \*\*\*\*50.00

DOCUMENT # ~~LD1000006120~~

1. Entity Name

INFOSERV LLC ✓

937171

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

SQE Services AG

3. Mailing Address *ATTN: N. Falis*

% Kilpatrick Stockton

Suite, Apt. #, etc.

Alfred Escher Strasse 9

Suite, Apt. #, etc.

1100 Peachtree St #2800

DO NOT WRITE IN THIS SPACE

City & State

Postfach, CH 8027

City & State

Atlanta, GA

4. FEI Number

Applied For

Not Applicable

Zip

Zurich, Switzerland

Country

Zip

30309

Country

USA

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE  
IN THIS SPACE**

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

*No Change*

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Member: Susame Pegard  
Same as in Section 2

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Member: Fazita Investments  
Same as in Section 2

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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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:

*Ned F...*

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

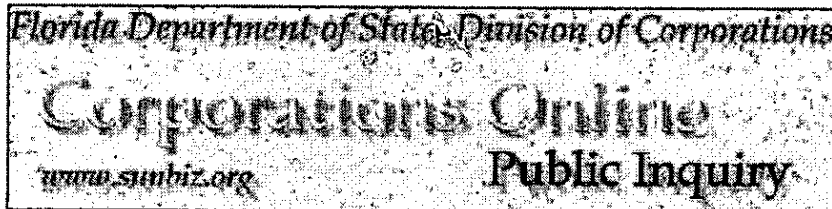
4/2/02 404-815-6609

Date

Daytime Phone #

CR2E083B (12/01)

Attachment  
937171



Florida Limited Liability

INFOSERV LLC

PRINCIPAL ADDRESS  
SQE SERVICES AG, ALFRED ESCHERSTR, 9  
POSTFACH, CH 8027  
ZURICH, SWITZERLAND

MAILING ADDRESS  
SQE SERVICES AG, ALFRED ESCHERSTR, 9  
POSTFACH, CH 8027  
ZURICH, SWITZERLAND

Document Number  
L01000006120

FEI Number  
NONE

Date Filed  
04/20/2001

State  
FL

Status  
ACTIVE

Effective Date  
NONE

Total Contribution  
0.00

Registered Agent

Name & Address
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

Manager/Member Detail

Name & Address	Title
NONE	

Annual Reports

Report Year	Filed Date	Intangible Tax
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No Events  
No Name History Information

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