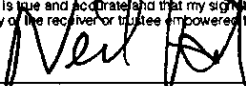


**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

00000170

<b>DOCUMENT # L01000006120</b> 1. Entity Name <b>INFOSERV LLC</b>			
Principal Place of Business SQE SERVICES AG, ALFRED ESCHERSTR, 9 POSTFACH, CH 8027 ZURICH, SWITZERLAND,		Mailing Address SQE SERVICES AG, ALFRED ESCHERSTR, 9 POSTFACH, CH 8027 ZURICH, SWITZERLAND.	
2. Principal Place of Business		3. Mailing Address <b>1100 Peachtree Street</b> Suite, Apt. #, etc. <b>1100 Peachtree St, Ste 1100</b>	
Suite, Apt. #, etc.		City & State <b>Atlanta, GA</b>	
City & State		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <b>30022</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-issuing))</small>		DATE _____	
<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEGARD, SUSANNE ALFRED ESCHER STR 9 POSTFACH ZURICH, SWITZERLAND, ch8027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAZITA INVESTMENTS ALFRED ESCHER STR 9 POSTFACH ZURICH, SWITZERLAND, ch8027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEGARD, SUSANNE ALFRED ESCHER STR 9 POSTFACH ZURICH, SWITZERLAND, ch8027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		NEIL D. FALIS      4-22-03      (404) 815-6609	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date      Daytime Phone #</small>	

CR2E083 (10/02)