

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000025770

FILED  
Feb 07, 2003  
Secretary of State

Entity Name: U.S. IMAGING SOLUTIONS, LLC

## Current Principal Place of Business:

6500 NW 21ST AVENUE  
FORT LAUDERDALE, FL 33309

## New Principal Place of Business:

## Current Mailing Address:

6500 NW 21ST AVENUE  
FORT LAUDERDALE, FL 33309

## New Mailing Address:

FEI Number: 13-4228749      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CASEY, MICHAEL R  
515 E. LAS OLAS BLVD., STE. 1500  
FORT LAUDERDALE, FL 33301      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: GUERIN, SEAN C  
Address: 6500 NW 21ST AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR ( ) Delete  
Name: GERNERT, FRANK E  
Address: 6500 NW 21ST AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR ( ) Delete  
Name: SIKES, BRITT  
Address: 6500 NW 21ST AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR (X) Delete  
Name: ALVAREZ, CHARLES  
Address: 6500 NW 21ST AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR ( ) Delete  
Name: HENNINGER, HUDSON  
Address: 6500 NW 21ST AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR ( ) Delete  
Name: HENNINGER, BOB  
Address: 6500 NW 21ST AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33309

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SEAN C. GUERIN

MGR

02/07/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date