

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

FILED

02 APR 29 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002225
1. Entity Name
ISS International Software Services LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1333 N. Duval St.
Suite, Apt. #, etc.

3. Mailing Address
1333 N. Duval St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number Applied For
 Not Applicable

Zip 32302 Country
Zip 32302 Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Florida Filing & Search Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1333 N. Duval St.
City Tallahassee FL Zip Code 32302

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] DATE 4/26/02
Signature, typed or printed name of registered agent and title if applicable.

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	<u>MGR Debra Grace Akatsa English River, Victoria Mahe, Seychelles</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR Natalie Rath English River, Victoria Mahe, Seychelles</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>400005370184</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR James Grant English River, Victoria Mahe, Seychelles</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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] Janet M. Caruccio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4-24-02 Daytime Phone # 302-421-5750

CASE083B (12/01)

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PH: (850) 668-4318 FX: (850) 668-3398

DATE: 04-29-02

ACCOUNT NO: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

TYPE OF FILING: UNIFORM BUSINESS REPORTS

NAME: 33 LIMITED LIABILITY COMPANIES

SPECIAL INSTRUCTIONS: NONE

\$1650.00

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02 APR 29 PM 1:07
DIVISION OF CORPORATION