

2001 UNIFORM BUSINESS REPORT (UBR)

0028109 AF

DOCUMENT # M00000000379

1. Entity Name

STERLING COMMERCE (MID AMERICA), LLC

FILED

01 FEB 12 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4600 LAKEHURST COURT
P.O. BOX 8000
DUBLIN OH 43016-2000

Mailing Address

4600 LAKEHURST COURT
P.O. BOX 8000
DUBLIN OH 43016-2000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1681685

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

7000003744067--7
-02/20/01--01103--026
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE P David R. Dodge ☐ Delete
NAME
STREET ADDRESS 4600 Lakehurst Court
CITY-ST-ZIP Dublin, OH 43016

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

TITLE VP D Thomas H. Lowe ☐ Delete
NAME
STREET ADDRESS 4600 Lakehurst Court
CITY-ST-ZIP Dublin, OH 43016

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

TITLE SD Dennis P. Byrnes ☐ Delete
NAME
STREET ADDRESS 4600 Lakehurst Court
CITY-ST-ZIP Dublin, OH 43016

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

TITLE T Roger Wohlert ☐ Delete
NAME
STREET ADDRESS 175 E. Houston Street
CITY-ST-ZIP San Antonio, TX 78705

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

614-793-7000

Daytime Phone #

CR2E083 (11/00)