

2001 UNIFORM BUSINESS REPORT (UBR)

0030210 AB


DOCUMENT # M00000001283
 1. Entity Name
ATM INFORMATION SERVICES, LLC

Principal Place of Business Mailing Address
345 ROUSER ROAD **345 ROUSER ROAD**
CORAOPOLIS PA 15108 **CORAOPOLIS PA 15108**

2. Principal Place of Business 3. Mailing Address
3920 Main Street **3920 Main Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
3rd Floor **3rd Floor**

City & State City & State
Amherst, New York **Amherst, New York**
 Zip Country Zip Country
14226 **U.S.A.** **14226** **U.S.A.**

FILED
 01 MAY 21 AM 8:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

4. FEI Number Applied For
25-1849413 Not Applicable

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

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900004420729--9
-06/14/01--0111--013
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AZUR, FRANCIS H 345 ROUSER ROAD CORAOPOLIS PA 15108 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEFERT, MELANIE B 345 ROUSER ROAD CORAOPOLIS PA 15108 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AZUR, CHRISTOPHER F 345 ROUSER ROAD CORAOPOLIS PA 15108 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DURANKO, CHRISTINA A 345 ROUSER ROAD CORAOPOLIS PA 15108 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEINMETZ, DAVID G 345 ROUSER ROAD CORAOPOLIS PA 15108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Schumacher, Beth 3920 Main Street 3rd Floor Amherst, New York 14226 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. St. Marie, Denis W. 800 Superior Cleveland, Ohio 44114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Hahn, Thomas 800 Superior Cleveland, Ohio 44114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Steinmetz, David G. 345 Rouser Road Coraopolis, PA 15108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Baker, Deborah A. Amherst, N.Y. 3920 Main Street-3rd FL, 14226 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Beth Schumacher, Pres.* 5/7/01 716-838-8733

CR2E083 (11/00)