

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90234 003 \*\*\*\*55.00

<b>DOCUMENT # M00000001283</b>	
<b>1. Entity Name</b> SECOLINK SETTLEMENT SERVICES, LLC	

<b>Principal Place of Business</b> 3920 MAIN STREET 3RD FL AMHERST, NY 14226	<b>Mailing Address</b> 3920 MAIN STREET 3RD FL AMHERST, NY 14226
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**14026048**



<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07062004 Chg-LLC GR2E083 (10/03)

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> 25-1849413	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 8, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ALSO SEE ATTACHED ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> SCHUMACHER, BETH 3920 MAIN STREET, 3RD FL AMHERST, NY 14226 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> ST MARIE, DENIS W 800 SUPERIOR CLEVELAND, OH 44114 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> ALLEN L. WEHRHANN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2 GATEHALL DRIVE PARSIPPANY, NJ 07054
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> HAHN, THOMAS 800 SUPERIOR CLEVELAND, OH 15108 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> BAKER, DEBORAH A 3920 MAIN STREET 3RD FL AMHERST, NY 14226 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> STEINMETZ, DAVID G 345 ROUSER ROAD CORAOPOLIS, PA 15108 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR-VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEVEN M. RINGEISEN 345 ROUSER ROAD, BLDG #5 CORAOPOLIS, PA 15108
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR-ASST SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LYNN SIMMONS 3920 MAIN ST-3RD FLOOR AMHERST, NY 14226

**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* **President, CEO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
**Date:** 7/7/04 **Daytime Phone #:** 716-838-8733

Attachment

ADDITIONS:

14026048

# M00000001283

MGR.-TREASURER  
MICHAEL KRUPA  
3920 MAIN STREET-3<sup>RD</sup> FLOOR  
AMHERST, NEW YORK 14226