

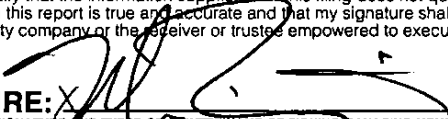


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90595 048 \*\*\*\*50.00

DOCUMENT # M00000001283					
1. Entity Name SECOLINK SETTLEMENT SERVICES, LLC					
Principal Place of Business 3920 MAIN STREET 3RD FL AMHERST, NY 14226		Mailing Address 3920 MAIN STREET 3RD FL AMHERST, NY 14226			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 25-1849413				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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 32301-2525			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2-22-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUMACHER, BETH 3920 MAIN STREET, 3RD FL AMHERST, NY 14226 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Mgmt Comm. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marc Ritterhouse 3920 Main Street - 3rd FL Amherst, NY 14226		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEHRHAHN, ALLEN L 2 GATEHALL DR CLEVELAND, OH 44114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Mgmt Comm. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Julie Jase Forsky 800 Superior Cleveland, OH 44114		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAHN, THOMAS 800 SUPERIOR CLEVELAND, OH 15108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, DEBORAH A 3920 MAIN STREET 3RD FL AMHERST, NY 14226 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RINGEISEN, STEVEN M 345 ROUSER ROAD BLDG # 5 CORAPOLIS, PA 15108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Steven M. Ringeisen 345 Rouser Road, Building 5 Corapolis, PA 15108		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIMMONS, LYNN 3920 MAIN ST 3RD FLOOR AMHERST, NY 14226 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 				Date <u>2/22/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	

Marc Ritterhouse  
Member Mgmt Comm.