2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000001639

f. Entity Name

VOLÚNTARY DATA SERVICES, LLC



FILED Apr 25, 2006 08:00 AN Secretary of State

Principal Place of Business

901 PENINSULA CORPORATE CIR. BOCA RATON, FL 33487 Mailing Address

901 PENINSULA CORPORATE CIR. BOCA RATON, FL 33487



DO NOT WRITE IN THIS SPACE

04142006No Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURÈ

DO NOT WRITE IN THIS SPACE

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				
OIGHATOTIE -	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered	Agent arginature required when reinstating)	DATE '
Filing Fee is \$50.00 Due by May 1, 2006				
9,	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLINGEL, STEPHEN J 901 PENINSULA CORP. CIRCLE BOCA RATON, FL 33487			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELEHANTY, TERRENCE D 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487			05/06/06-80059-015 50. 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE CESARI, JAMES 901 PENINSULA CORPORATE CIRCLE BOCA RATON, FL 33487		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	THIS SPACE
TITLE MAME 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 exemptions contained in Chapter 119, 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.				

Corrence

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE