

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90068 023 ****50.00

DOCUMENT # M00000001933

1. Entity Name
DURST DICE AMERICA, LLC

Principal Place of Business
**16 STERLING LAKE RD.
 TUXEDO NY 14987-3526**

Mailing Address
**50 METHODIST HILL DR.. SUITE 100
 ROCHESTER NY 14623**

2. Principal Place of Business
50 METHODIST HILL DR
 Suite, Apt. #, etc.
100

3. Mailing Address
 Suite, Apt. #, etc.

City & State
ROCHESTER, NY

City & State

4. FEI Number **52-2135690**

Applied For
 Not Applicable

Zip
14623 Country
NOVROE

Zip Country

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

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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
 NAME **SHUFELT, ARTHUR**
 STREET ADDRESS **38 TAYLOR ROAD**
 CITY-ST-ZIP **HONEOYE FALLS NY 14472**

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

TITLE **V** ☐ Delete
 NAME **SHUFELT, JEFF**
 STREET ADDRESS **6729 GOLFVIEW RISE**
 CITY-ST-ZIP **VICTOR NY 14564**

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

TITLE **V** ☐ Delete
 NAME **SHUFELT, JEANINE**
 STREET ADDRESS **1177 HIDDEN VALLEY TR**
 CITY-ST-ZIP **WEBSTER NY 14580**

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

TITLE **M** ☐ Delete
 NAME **DICE AMERICA LLC**
 STREET ADDRESS **16 STERLING LAKE RD**
 CITY-ST-ZIP **TUXEDO NY 10987**

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

TITLE **M** ☐ Delete
 NAME **DURST ACS, INC.**
 STREET ADDRESS **160 E. 84TH ST**
 CITY-ST-ZIP **NEW YORK NY 10028**

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]** **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/21/02 716-486-0340
 Date Daytime Phone #

CR2E083 (9/01)