

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90005 030 \*\*\*\*50.00

**DOCUMENT # M01000000833**

1. Entity Name

**CONVERGENT LENDING SERVICES, LLC**



Principal Place of Business

**345 ROUSER RD.  
CORAOPOLIS PA 15108**

Mailing Address

**345 ROUSER RD.  
CORAOPOLIS PA 15108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **25-1843784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **RUDNICKAS, ALBERT**  
CITY-ST-ZIP **332 MINNESOTA ST SUITE 600  
SAINT PAUL MN 55101**

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **STEINMETZ, DAVID G**  
CITY-ST-ZIP **345 ROUSER ROAD  
CORAOPOLIS PA 15108**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **STUDENY, DANIEL**  
CITY-ST-ZIP **345 ROUSER ROAD  
CORAOPOLIS PA 15108**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **MILLER, STACEY**  
CITY-ST-ZIP **345 ROUSER ROAD  
CORAOPOLIS PA 15108**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Albert Rudnickas*  
**ALBERT RUDNICKAS**

**3/6/2003**

Date

**412 289 7150**

Daytime Phone #

CR2E083 (10/02)