


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90192 021 ****50.00

DOCUMENT # M01000000931	
1. Entity Name ATM USA, LLC	

Principal Place of Business 2200 GATEWAY CENTRE BLVD STE 220 RALEIGH, NC 27607	Mailing Address 2200 GATEWAY CENTRE BLVD STE 220 RALEIGH, NC 27607
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2. Principal Place of Business - No P.O. Box # 2200 Gateway Ctr Blvd. Suite, Apt. #, etc. Suite 220 City & State Morrisville, NC 27560 Zip Country	3. Mailing Address 2200 Gateway Ctr Blvd. Suite, Apt. #, etc. Suite 220 City & State Morrisville, NC 27560 Zip Country
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02012007 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2097095	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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
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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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, BRIAN W 1612 DIXIE TR RALEIGH, NC 27607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2200 Gateway Centre Blvd, Ste 220 Morrisville, NC 27560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANCASTER, MITCHELL O 1612 DIXIE TR RALEIGH, NC 27607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2200 Gateway Centre Blvd, Ste 220 Morrisville, NC 27560
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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.

SIGNATURE: B. White 2-12-07 919-469-5856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #