

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90077 037 \*\*\*\*50.00

0074509

**DOCUMENT # M01000001702**

1. Entity Name

**TERIS L.L.C.**



Principal Place of Business

**309 AMERICAN CIRCLE  
EL DORADO AR 71730**

Mailing Address

**309 AMERICAN CIRCLE  
EL DORADO AR 71730**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **94-3401916**

Applied For

Not Applicable

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. 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

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
NAME **DE MENDONCA, LUIZ**  
STREET ADDRESS **231 BLACK HORSE LANE**  
CITY-ST-ZIP **NORTH BRUNSWICK NJ 08902**

TITLE **MANAGER** ☐ Change ☒ Addition  
NAME **XAVIER DENNERY**  
STREET ADDRESS **17300 N. Dallas Parkway #2025**  
CITY-ST-ZIP **DALLAS, TX 75248**

TITLE **MGR** ☒ Delete  
NAME **BARONNET, JEAN-JULIEN**  
STREET ADDRESS **26 QUAI ALPHONSE LE GALLO-92512 BOULOGNE**  
CITY-ST-ZIP **BILLANCOURT CEDEX, FRANCE**

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

TITLE **MGR** ☒ Delete  
NAME **VERMONET, JEAN-GUY**  
STREET ADDRESS **54, RUE PIERRE CURIE-ZI DES GATINES**  
CITY-ST-ZIP **F-78370 PLAISIR, FRANCE**

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

TITLE **MGR** ☒ Delete  
NAME **PETRY, JACQUES**  
STREET ADDRESS **132, RUE DES TROIS FONTANOT**  
CITY-ST-ZIP **92758 NANTERRE CEDEX, FRANCE**

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

TITLE **MGR** ☒ Delete  
NAME **VITERBO, PATRICK**  
STREET ADDRESS **54, RUE PIERRE CURIE-AI DES GATINES**  
CITY-ST-ZIP **F-78370 PLAISIR, FRANCE**

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

TITLE **MGR** ☒ Delete  
NAME **KESSEL, RICHARD**  
STREET ADDRESS **ONE WATER ST.**  
CITY-ST-ZIP **WHITE PLAINS NY 10601**

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]*

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

4/22/03

Date

810-864-3745

Daytime Phone #

CR2E083 (10/02)