

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90082 001 ****50.00

DOCUMENT # M02000000672

1. Entity Name
US CREDIT CARD PROCESSING LLC



Principal Place of Business
**28530 ORCHARD LAKE ROAD
SUITE 114
FARMINGTON HILLS MI 48334**

Mailing Address
**28530 ORCHARD LAKE ROAD
SUITE 114
FARMINGTON HILLS MI 48334**

2. Principal Place of Business
4036 Telegraph Rd.
Suite, Apt. #, etc.
205

3. Mailing Address
4036 Telegraph Rd.
Suite, Apt. #, etc.
205

City & State
Bloomfield Township, Mich.
Zip
48302 Country
USA

City & State
Bloomfield Twp, Michigan
Zip
48302 Country
USA

4. FEI Number **27-0000556**

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM	NPS MANAGER INC.	28530 ORCHARD LAKE ROAD	FARMINGTON HILLS MI 48334	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Manager (by Laith Yaloo-Pres)	NPS Manager, Inc.	4036 Telegraph Rd., St. 205	Bloomfield Township, Mich. 48302	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Laith Yaloo** President NPS Manager, Inc. Manager of LLC
2-10-03 248-540-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)