

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90028 039 ****50.00

DOCUMENT # M02000002152

1. Entity Name
CBC INSURANCE REVENUE SECURITIZATION, LLC



Principal Place of Business
**2121 SAN JACINTO STREET, SUITE 2200
DALLAS TX 75201**

Mailing Address
**2121 SAN JACINTO STREET, SUITE 2200
DALLAS TX 75201**

00030642

2. Principal Place of Business

3. Mailing Address

102 S. Wynstone Park Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

North Barrington, IL

4. FEI Number **73-1652928**

Applied For

Not Applicable

Zip

Country

Zip

Country

60010

USA

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 **MGRM** ☐ Delete
NAME **CLARK/BARDES CONSULTING, INC.**
STREET ADDRESS **2121 SAN JACINTO STREET, SUITE 2200**
CITY-ST-ZIP **DALLAS TX 75201**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **clark/Bardes Consulting, Inc.**
STREET ADDRESS **102 S. Wynstone Park Drive**
CITY-ST-ZIP **North Barrington, IL 60010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

4/4/03 847 304-5800

Date Daytime Phone #

CR2E083 (10/02)