

MO2000002968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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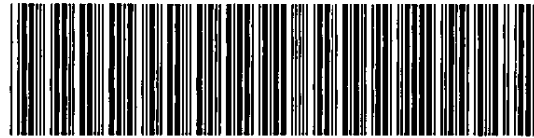
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXPLORE INFORMATION SERVICES LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICHOLAS KNAAP

(Name of Person)

EXPLORE INFORMATION SERVICES, LLC

(Firm/Company)

TAX DEPT.

175 LINCOLN AVENUE

(Address)

GROVE CITY, PA 16127

(City/State and Zip Code)

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For further information concerning this matter, please call:

NICHOLAS KNAAP

(Name of Person)

at (714) 458-1750 EXT 1602

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: EXPLORE INFORMATION SERVICES, LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: 11/12/2002

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, what was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: _____
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: THE ORIGINAL APPLICATION INDICATES THE COMPANY IS MANAGER-MANAGED. WE WOULD LIKE TO CORRECT THIS TO SHOW THE COMPANY IS MEMBER-MANAGED.
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

X K. Mark Rapp
Signature of a member or the authorized
representative of a member

K. MARK RAPP

Typed or printed name of signee

OFFICER OF USIS COMMERCIAL
SERVICES, INC., THE SINGLE MEMBER
OWNER OF EXPLORE INFORMATION
SERVICES, LLC.

Filing Fee: \$25.00

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