

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91811 036 ****50.00

DOCUMENT # M02000003325

1. Entity Name

EQUIX FINANCIAL SERVICES, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 Woodland Prime

Suite, Apt. #, etc.

Suite 100

City & State

Menomonee Falls, WI

Zip

53051

Country

USA

3. Mailing Address

400 Woodland Prime

Suite, Apt. #, etc.

Suite 100

City & State

Menomonee Falls, WI

Zip

53051

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

39161056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Florida Compliance Specialist, Inc.*

Street Address (P.O. Box Number is Not Acceptable)

2831 Hanson Place

City *Tallahassee*

FL

Zip Code

32301

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|----------------|------------------------|-----------------------------|---------------------------|-------|------|----------------|-------------|
| President | Richard J. Lovett | 400 Woodland Prime, Ste 100 | Menomonee Falls, WI 53051 | | | | |
| Vice President | Christopher R. Hayward | 400 Woodland Prime, Ste 100 | Menomonee Falls, WI 53051 | | | | |
| Secretary | Steven V. Ponto | 400 Woodland Prime, Ste 100 | Menomonee Falls, WI 53051 | | | | |
| Vice President | Mary Josephine Bollero | 400 Woodland Prime, Ste 100 | Menomonee Falls, WI 53051 | | | | |
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**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4/29/03

414-465-2300

CR2E083B (12/02)