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

DOCUMENT # M02000003325

1. Entity Name

EQUIX FINANCIAL SERVICES, LLC

SIGNATURE: VW | SIGNATURE AND TYPED OR PRINTED NAME



## **FILED** May 05, 2003 8:00 am Secretary of State 05-05-2003 91811 036 \*\*\*\*50.00

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2. Principal Place of Business			3. Mailing Address 400 Woodland Prime					
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Suite 100			Suite 100			DO NOT WRITE IN THIS SPACE		
City & State			City & State			4. FEI Number		Applied For
Menomonee Falls, WI			Menmonee Falls, WI			391961056		Not Applicable
Zip 53051		Country U <i>S</i> A	Zip 53051	Cour	us <b>k</b>	5. Certificate of Status Desired		\$5.00 Additional
		V.J.	1 00001	242349		7. Name and Address of Current R	onistoro	Fee Required
		en de la companya de La companya de la co			Nome			
	" D	O NOT W	Horia			a Compliance Speci	alist,	thc.
	and the second	4年5年中国共享国际委员会会员		1	Street Address (F	2O. Box Number is Not Acceptable)		
	<b></b>	y THIS SP	ALE		2331 1	tinson Diale,		
					City / 21/	tanson Place hassee		Zip Code
		Marinary a majorana and Colomb	an Committee of the second		lalla	nassee	FL	32301
			the purpose of changing its	registere	ed office or registere	ed agent, or both, in the State of Florid	da. I am fa	amiliar with, and accept
vie conga	ations of registe	aeu agent.						
SIGNATURE							2772	
	Signature, typed o	x printed name of registered agent ar	314 61 11 11 11 11 11 11 11 11 11 11				DATE	
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9.		MANAGING MEMBER	SECULO CONTRACTOR OF STREET	CTO NOW PER				
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TITLE	Sevet	eng		mu				
NAME	Steven	V. Ponto	<b></b>	NAME				
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NAME STREET ADDRESS	400 WO	dland Prime, Et	e 100	NAME	TADDRESS			
CITY-ST-ZIP	Menmo	nee Falls, WI	53051	CITY				
TITLE	<del>                                     </del>		·	nne		The second second second second	t end	
NAME	1			NAME				
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name Street address	}			NAME	ADDRESS			
CITY-ST-ZIP				CUA-S				
	ertify that the i	nformation sundilied with the	is filing does not qualify for t	100000	and the second second	ion 119.07(3)(i), Florida Statutes. I fui	ther certi	fy that the information
indicated limited lia	on this report i	s true and accurate and the	at my signature shall have the impowered to execute this re	e same i	egat effect as if made equired by Chapter	ion 119.07(3)(i), Florida Statutes. I fui de under oath; that I am a managing 608, Florida Statutes.	member	or manager of the

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE