

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001830

FILED
Jan 04, 2005
Secretary of State

Entity Name: FINANCIAL SERVICESOLUTIONS INFORMATION SYSTEMS, LLC

Current Principal Place of Business:

214 N TRYON ST
SUITE #2300
CHARLOTTE, NC 28202

New Principal Place of Business:

Current Mailing Address:

401 N TRYON ST
NC1-021-02-20
CHARLOTTE, NC 28255

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SHANNON, KEVIN
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: MGR () Delete
Name: SHANNON, KEVIN M
Address: 401 N TRYON ST; NC1-021-012-20
City-St-Zip: CHARLOTTE, NC 28255

Title: MGRM () Delete
Name: BANK OF AMERICA, N.A.,
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255 US

Title: MGRM () Delete
Name: FIDELITY NATIONAL IN, FORMATION SOLU T IONS, I
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SWENSON, ERIC
Address: NC1-021-02-20; 401 N TRYON ST
City-St-Zip: CHARLOTTE, NC 28255

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: MAYS, SUSAN D
Address: NC1-021-02-20; 401 N TRYON ST
City-St-Zip: CHARLOTTE, NC 28255

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SUSAN D MAYS

MGR

01/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date