

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

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003164 1. Entity Name VISIONS PROFESSIONAL SETTLEMENT SERVICES, LLC					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 345 ROUSER ROAD, BLDG #5 Suite, Apt #, etc.			3. Mailing Address 345 ROUSER ROAD, BLDG #5 Suite, Apt #, etc.		
City & State CORAOPOLIS, PA			City & State CORAOPOLIS, PA		
Zip 15108		Country USA		4. FEI Number 65-1196736	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
7. Name and Address of Current Registered Agent					
Name C T CORPORATION SYSTEM					
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD					
City PLANTATION					
FL Zip Code 33324					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
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	MANAGER FRANCIS H. AZUR 345 ROUSER ROAD, BLDG #5 CORAOPOLIS, PA 15108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000144684 04/30/04-80141-020 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER CHRISTOPHER F. AZUR 345 ROUSER ROAD, BLDG #5 CORAOPOLIS, PA 15108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
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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: Christopher Azur 4/29/04 (412) 299-6200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

CR2E063B (12/02)