

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000006742 1. Entity Name NATIONAL DATA RETRIEVAL LLC	
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Principal Place of Business 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005	Mailing Address 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005
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DO NOT WRITE IN THIS SPACE



04112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 58-1853119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000927597
 05/20/08-80113-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, DEREK V 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURLING, DOUGLAS C 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SURBAUGH, STEVEN W 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Steven Surbaugh, 4/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #