

**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



Principal Place of Business
1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

Mailing Address
1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005



04112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 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

**DO NOT WRITE
IN THIS SPACE**

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

U000000927597
05/20/08-80113-011 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------|
| TITLE | MGR |
| NAME | SMITH, DEREK V |
| STREET ADDRESS | 1000 ALDERMAN DRIVE |
| CITY- ST- ZIP | ALPHARETTA, GA 30005 |

| | |
|----------------|----------------------|
| TITLE | MGR |
| NAME | CURLING, DOUGLAS C |
| STREET ADDRESS | 1000 ALDERMAN DRIVE |
| CITY- ST- ZIP | ALPHARETTA, GA 30005 |

| | |
|----------------|----------------------|
| TITLE | MGR |
| NAME | SURBAUGH, STEVEN W |
| STREET ADDRESS | 1000 ALDERMAN DRIVE |
| CITY- ST- ZIP | ALPHARETTA, GA 30005 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

Steven Surbaugh, 4/23/08