2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006742

Entity Name: NATIONAL DATA RETRIEVAL LLC

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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1000 ALDERMAN DRIVE ALPHARETTA, GA 30005

Current Mailing Address: New Mailing Address:

1000 ALDERMAN DRIVE 2 NEWTON PLACE ALPHARETTA, GA 30005 SUITE 350 NEWTON, MA 02458

FEI Number: 58-1853119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

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

Electronic eignature of registered

ADDITIONS/CHANGES:

Title: MGR () Delete Title: CEO (X) Change () Addition Name: SMITH, DEREK V Name: PECK, JAMES M

Address: 1000 ALDERMAN DRIVE Address: 6601 PARK OF COMMERCE City-St-Zip: ALPHARETTA, GA 30005 City-St-Zip: BOCA RATON, FL 30487

Title: MGR () Delete Title: VP (X) Change () Addition Name: CURLING, DOUGLAS C Name: INIGUEZ, RUBI L

 Address:
 1000 ALDERMAN DRIVE
 Address:
 2 NEWTON PLACE - SUITE 350

 City-St-Zip:
 ALPHARETTA, GA 30005
 City-St-Zip:
 NEWTON, MA 02458

Sity-St-Zip. ALPHARETTA, GA 30005 City-St-Zip. NewTON, IVIA 02458

Title: MGR () Delete Title: T (X) Change () Addition
Name: SURBAUGH, STEVEN W Name: FOGARTY, KENNETH E
Address: 1000 ALDERMAN DRIVE Address: 2 NEWTON PLACE - SUITE 350

City-St-Zip: ALPHARETTA, GA 30005 City-St-Zip: NEWTON, MA 02458

Title: () Delete Title: S () Change (X) Addition Name: Name: THOMPSON, II, KENNETH R Address: 9443 SPRINGBORO PIKE City-St-Zip: MIAMISBURG, OH 45342

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RUBI L. INIGUEZ VP 04/28/2009