

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 19, 2009  
Secretary of State**

DOCUMENT# M08000003387

Entity Name: TRANZACT INFORMATION SERVICES LLC

**Current Principal Place of Business:**

233 SOUTH WACKER DRIVE  
CHICAGO, IL 60606

**New Principal Place of Business:**

2200 FLETCHER AVENUE  
4TH FLOOR  
FORT LEE, NJ 07024

**Current Mailing Address:**

233 SOUTH WACKER DRIVE  
CHICAGO, IL 60606

**New Mailing Address:**

FEI Number: 26-2397929      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WALDSHAN, BENJAMIN  
C/O DATA WAREHOUSE  
3561 FAU BLVD., SUITE 400  
BOCA RATON, FL 33431 US

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

WALDSHAN, BENJAMIN  
C/O DATA WAREHOUSE  
301 YAMATO ROAD, SUITE 4150  
BOCA RATON, FL 33431 US

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: BENJAMIN WALDSHAN

10/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MG LLC  
Address: 2200 FLETCHER AVE, 4TH FLOOR  
City-St-Zip: FORT LEE, NJ 07024

**ADDITIONS/CHANGES:**

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

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: LARRY LUNDGREN

SEC

10/19/2009

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