ITED LIABILITY COMPANY ANNUAL REPORT	ORIDA DEPARTMENT OF STATE Sandia B. Mortham Secretary of State		FILED
1998 DIVISION OF CORPORATIONS		98	APR 13 AM 9:56
NG FEE Annual Report \$100.00 + \$88.75 C 88.75 Make Check Payable To: FLORID	orporation Supplemental Fee		
ame and Malling Address Limited Liability Company DOCUMENT			RETARY OF STATE AHASSEE, FLORIDA
UNIFI, LLC 1818 COMMERCE DRIVE		18. Principal Place of Business Address 1818 COMMERCE DRIVE	
SOUTH BEND IN 46628		SOUTH BEND IN	46628
Incipal Place of Business 2a. Mailing 2b) W. Peters Rond 8301	Address W. Peters Rond	3. Date Organized or Qualified	3a. State of Formation
Apt. #, etc. Suite, Apt.	, etc.	04/21/1997 4. FEI Number	WI Applied For
State City & State		35 - 199698	. !
Country Zip	310 Rapped 54	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required
7. Name and Address of Current Registered A	171	Name and Address of New Regist	ered Agent/Office
RPORATION SERVICE , COMPAN 01 HAYS STREET LLAHASSEE FL 32301	Υ		
	Sulte, Apt. #, etc.	-04/16. ****1/	/9801010005 88.75 ****188.75
	City	FL	Zip Code
rsuant to the provisions of Sections 608.416 and 608.508, F pistered office or registered agent, or both, in the State of Florid pistered agent, and accept the obligations.	lorida Statutes, the above-named limited a. Such change was authorized by affirma	liability company submits this states tive vote of a majority of the members	ment for the purpose of changing , I hereby accept the appointment
ATURE (Registored Agent Accepting Appointment) (NOT	F Registered Agent signature required when reinstating	DATE	
tile			Zp Code
BM FISERV, INC. 255 FISERV DR			TELD WI
144 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	255 FISERV DRIVE	BROOKI	FIELD WI
RM FISERV SOLUTIONS, INC.			
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SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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