

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90001 050 ****50.00

DOCUMENT #

1. Entity Name

Data-Link Systems, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1818 Commerce Drive

Suite, Apt. #, etc.

City & State

South Bend, IN

Zip

46628

Country

USA

3. Mailing Address

255 Fiserv Drive

Suite, Apt. #, etc.

Drop Point S306

City & State

Brookfield, WI

Zip

53045

Country

USA

4. FEI Number

35-1976785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Managing Member	Fiserv, Inc.	255 Fiserv Drive	Brookfield, WI 53045
Managing Member	Fiserv Solutions, Inc.	255 Fiserv Drive	Brookfield, WI 53045

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charles W. Sprague

Charles W. Sprague

2/27/02

(262) 879-5000

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

Date

Daytime Phone #

CR2E083B (12/01)