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

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

1. Entity Name				)		
Data-L	ink Systems, LLC					
d.	DO NOT WRITE	IN THIS S	PACE	ें जिल्हा जिल्हा जिल्हा	930751	
	lace of Business	3. Mailing Address		·		
1818 Commerce Drive Suite, Apt. #. etc.		255 Fiserv Drive Suite, Apt. #. etc.		DO NOT WRITE I	IN THIS SDAME	
Jones, April		Drop Point S3	06	DO NOT WRITE		
City & State	e Bend, IN	City & State Brookfield, W	т	4. FEI Number . 35-1976785	Applied For Not Applicable	
Zip	Country	Zip	Country		- \$5.00 Additional	
46628	USA	53045	USA	5. Certificate of Status Desired	Fee Required .	
*		ži c	Name	7. Name and Address of Current Re		
DO NOT WRITE			· · · · · · · · · · · · · · · · · · ·	Corporation Service Company Stront Address (P.O. Boy Number is Not Accordable)		
p 4	IN THIS SP		1201 Hay	Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
			- 1 . d			
3°,			City Talla	ahassee	FL Zip Code 32301-2525	
8. The above	named entity submits this statement for	the purpose of changing it		stered agent, or both, in the State of Florid	a.	
SIGNATURE .	Signature, typed or printed name of registered agent at	ad title if an Nachto			DATE	
	экулиста, сурсо са развич тарио на годината, аден н	1 2 3	FEE IS \$50.00 %	4534763	DATE	
		Make Check P	ayable to Departmen	of State a		
9	MANAGING MEMBER	Make Check P	ayable to Departmen	of State		
TITLE	MANAGING MEMBER	Make Check P	ayable to Departmen DUE BY MAY	cot State.		
TITLE NAME	Managing Member Fiserv, Inc.	Make Check P	ayable to Departmen DUE BYMAY(1	of State.	1300	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. 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.

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Charles W. Sprague

2/27/02 Date

(262)879-5000

Daytime Phone #