

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000533

1. Entity Name
EDS INFORMATION SERVICES L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:32

3/22/00

Principal Place of Business
5400 LEGACY DRIVE
PLANO TX 75024

Mailing Address
5400 LEGACY DRIVE
PLANO TX 75024-3105



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5400 LEGACY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

H1-4A-66

City & State

City & State

PLANO, TX

Zip

Country

Zip

75024

Country

US

4. FEI Number

75-2714824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME BROWN, RICHARD H
STREET ADDRESS 5400 LEGACY DRIVE
CITY-ST-ZIP PLANO TX 75024

TITLE MGR/ ☒ Change ☐ Addition
NAME
STREET ADDRESS 7000003188787--3
CITY-ST-ZIP 03/29/00 01068 008

TITLE MGR ☐ Delete
NAME HELLER, JEFFREY M
STREET ADDRESS 5400 LEGACY DRIVE
CITY-ST-ZIP PLANO TX 75024

TITLE MGR/ ☒ Change ☐ Addition
NAME
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME CASTLE, JOHN R JR.
STREET ADDRESS 5400 LEGACY DRIVE
CITY-ST-ZIP PLANO TX 75024

TITLE MGR/ ☒ Change ☐ Addition
NAME DALEY, JAMES E.
STREET ADDRESS 5400 LEGACY DR.
CITY-ST-ZIP PLANO TX 75024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME THEM
STREET ADDRESS BARTON, BARBARA
CITY-ST-ZIP 5400 LEGACY DR
PLANO TX 75024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)