

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90051 008 \*\*\*\*50.00

DOCUMENT # M97000000533

1. Entity Name  
EDS INFORMATION SERVICES L.C.



Principal Place of Business

5400 LEGACY DRIVE  
PLANO, TX 75024

Mailing Address

5400 LEGACY DR.  
H1-4A-66  
PLANO, TX 75024

**DO NOT WRITE IN THIS SPACE**



04042005No Chg-LLC

CR2E083 (10/03)

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**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SWAN, ROBERT H  
5400 LEGACY DRIVE  
PLANO, TX 75024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
WEISEHAAR, BARBARA B  
5400 LEGACY DRIVE  
PLANO, TX 75024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JORDAN, MICHAEL H  
5400 LEGACY DR  
PLANO, TX 75024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:** \_\_\_\_\_

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

4/6/05

Date

972 605 1200

Daytime Phone #