

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Kathleen Harris DIVISION OF CORPORATIONS	
ANNUAL REPORT 1999			
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M98000000446	
TECHNOLOGY SERVICE BUREAU, LLC 424 N. WASHINGTON STREET ALEXANDRIA VA 22314		1a. Principal Place of Business Address 424 N. WASHINGTON STREET ALEXANDRIA VA 22314	
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
6101 LAKE ELLENOR DR. Suite, Apt. #, etc.	P.O. Box 19926 Suite, Apt. #, etc.	05/05/1998	VA
City & State ORLANDO, FL	City & State ALEXANDRIA, VA	4. FEI Number 59-3480128	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32809	Country USA	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
MCCOLLOUGH, TERRY L 538 E. WASHINGTON STREET ORLANDO FL 32801		Name Street Address (P.O. Box Number is Not Acceptable) 2400 NO. FERNCREEK AVE. Suite, Apt. #, etc. City ORLANDO FL Zip Code 32803	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (Not: Registered Agent signature required when new change)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FLEMMING, HARRY	424 N. WASHINGTON STREET	ALEXANDRIA VA
MGRM	LANDIS, JANE	424 N. WASHINGTON STREET	ALEXANDRIA VA
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: JANE A. LANDIS		3/3/99 703/549-3900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Filed/Rev. Phone #	