2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000446

1. Entity Name
TECHNOLOGY SERVICE BUREAU, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:09

Principal Place of Business	Mailing Address
6101 LAKE ELLENOR DR ORLANDO FL 32809	P.O. BOX 19926 ALEXANDRIA VA 22320-0926

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3480128 — 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
HALEY-HOGUE, MARY E 6101 LAKE ELLENOR DR. ORLANDO FL 32809	Name Street Address (P.O. Box Number is Not Acceptable) City / Zip Code

400003161394--2
-03/07/00--01103--004
FL *****50.00 *****50.00

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

M 3/2/00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	FLEMMING, HARRY	NAME	
STREET ADDRESS	424 N. WASHINGTON STREET	STREET ADDRESS	99 CANAL CENTER PLAZA - Ste 220
CITY-ST-ZIP	ALEXANDRIA VA 22314	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	LANDIS, JANE	NAME	
STREET ADDRESS	424 N. WASHINGTON STREET	STREET ADDRESS	99 CANAL CENTER PLAZA Ste 220
CITY-ST-ZIP	ALEXANDRIA VA 22314	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	MEMBER ☐ Change ☑ Addition
NAME		NAME	MARY E. HALEY
STREET ADDRESS		STREET ADDRESS	6101 LAKE ELLENOR DR.
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	☐ Delete	TITLE	MEMBER ☐ Change ☑ Addition
NAME		NAME	CHARLES PERKINSON
STREET ADDRESS		STREET ADDRESS	6101 LAKE ELLENOR DR.
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	☐ Delete	TITLE	MEMBER ☐ Change ☑ Addition
NAME		NAME	H. TODD FLEMMING
STREET ADDRESS		STREET ADDRESS	6101 LAKE ELLENOR DR.
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	☐ Delete	TITLE	MEMBER ☐ Change ☑ Addition
NAME		NAME	JANE L. FLEMMING
STREET ADDRESS		STREET ADDRESS	6101 LAKE ELLENOR DR.
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO, FL 32809

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: Jane Landis SIGNATURE REQUIRED JANE L. LANDIS — 1/31/00 — 703/549-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E022 (9/99)

Advantor Corporation

Members: Additions:

Member
Jeffrey J. Whirley
6101 Lake Ellenor Drive
Orlando, FL 32809

Member
Terrell L. Ruhlman
7663 East Wingtip Way
Scottsdale, AZ 88255