2001 UNIFORM BUSINESS REPORT (UBR)

000169 AB

DOCUMENT # M98000000446

1. Entity Name
TECHNOLOGY SERVICE BUREAU, LLC

FILED
01 APR 30 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 H. TODD FLEMMING Street Address (P.O. Box Number is Not Acceptable) 6101 LAKE ELLENOR DR. City ORLANDO FL Zip Code 32809

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 Todd Flemming MEMBER 4/17/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FLEMMING, HARRY 99 CANAL CENTER PLAZA, STE. 220 ALEXANDRIA VA 22314 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LANDIS, JANE 99 CANAL CENTER PLAZA, STE. 220 ALEXANDRIA ME 22314 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000004220800---9 -05/16/01--01112--013 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM HALEY, MARY E 6101 LAKE ELLENOR DR ORLANDO FL 32809 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM PERKINSON, CHARLES 6101 LAKE ELLENOR DR ORLANDO FL 32809 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM FLEMMING, H. TODD 6101 LAKE ELLENOR DR ORLANDO FL 32809 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM FLEMMING, IANIS L 6101 LAKE ELLENOR DR ORLANDO FL 32809 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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 JANE LANDIS 4/17/01 703/549-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #