2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9800000725 1. Entity Name NETWORK BILLING SYSTEMS, L.L.C. Principal Place of Business 155 WILLOWBROOK BOULEVARD WAYNE NJ 07470 Mailing Address 155 WILLOWBROOK BOULEVARD WAYNE NJ 07470 3. Mailing Address 155 WILLOWBROOK BOULEVARD WAYNE NJ 07470 3. Mailing Address 155 WILLOWBROOK BOULEVARD WAYNE NJ 07470 3. Mailing Address 155 WILLOWBROOK BOULEVARD WAYNE NJ 07470 3. Mailing Address 155 WILLOWBROOK BOULEVARD WAYNE NJ 07470 3. Mailing Address 152 CAR LLCOWBROOK BULLEVARD WAYNE NJ 07470 3. Mailing Address 152 CAR LLCOWBROOK BULLEVARD WAYNE NJ 07470 3. Mailing Address 152 CAR LLCOWBROOK BULLEVARD WAYNE NJ 07470 4. FEI Number 22-3590994 Applied For Not Applied Stochafter Status Desired Stoud Address of Now Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	_
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NRAI SERVICES, INC. 526 E PARK AVENUE TALLAHASSEE FL 32301 Street Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301	
City 7in Code	
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	
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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	

SIGNATURE: 126/01 (973) 256-2020
SIGNATURE AND TYPED OR PRINTED HAVE DESIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Design D