

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600003238626--4
-05/03/00--01153--001
*****50.00 *****50.00

DO NOT WRITE IN THIS SPACE

MNM

DOCUMENT # *M98000000907*

1. Entity Name
Sky Teller, L.L.C.

Principal Place of Business Mailing Address
*6200 South Quebec Street, Suite 350
Englewood, Co 80111*

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 *84-1411455* 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*

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (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

TITLE	<i>UGRA</i>	<input type="checkbox"/> Delete
NAME	<i>Just Data Corporation</i>	
STREET ADDRESS	<i>5660 New Northside Dr.</i>	
CITY-ST-ZIP	<i>Atlanta GA 30328</i>	
TITLE	<i>M&R</i>	<input type="checkbox"/> Delete
NAME	<i>Just Data Technologies</i>	
STREET ADDRESS	<i>5660 New Northside Dr.</i>	
CITY-ST-ZIP	<i>Atlanta GA 30328</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 60B, Florida Statutes.

SIGNATURE: *[Signature]* Senior Vice President
Just Data Corporation
Tax matters *Partner* 4/12/00 (770) 851-7248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)