

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M98000000907**

1. Entity Name
SKYTELLER, L.L.C.

Principal Place of Business
**6200 SOUTH QUEBEC STREET, SUITE 350
ENGLEWOOD CO 80111**

Mailing Address
**6200 SOUTH QUEBEC STREET, SUITE 350
ENGLEWOOD CO 80111**

FILED

01 MAY -7 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6200 S. Quebec St.,

3. Mailing Address
6200 S. Quebec St.,

Suite, Apt. #, etc.
Suite 210AS

Suite, Apt. #, etc.
Suite 210AS

City & State
Greenwood Village CO

City & State
Greenwood Village CO

4. FEI Number **84-1411455**

Applied For
Not Applicable

Zip
80111-4729

Country

Zip
80111-4729

Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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**

**300004341783--8
-06/05/01--01050--011
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MYERS, ROBERT
6200 SOUTH QUEBEC STREET, SUITE 350
ENGLEWOOD CO 80111** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MICHAEL J. RODEN
6200 S. Quebec St.,
Greenwood Village CO 80111-4729** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LONDRE, KENT
6200 SOUTH QUEBEC STREET, SUITE 350
ENGLEWOOD CO 80111** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JERRY P. DEMBOWSKI
6200 S. Quebec St., Suite 210AS
Greenwood Village CO 80111-4729** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MILICH, LEE
119 BISCAYNE BLVD, SUITE 809
NORTH MIAMI FL 33181** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
POSTREL, RICHARD
5244 NORTH BAY ROAD
MIAMI FL 33140** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ROWLAND, JAMES A
2180 THOMSON HIGHWAY
LINCOLNTON GA 30817** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FIRST DATA CORP.
5660 NEW NORTHSIDE DRIVE, SUITE 1400
ATLANTA GA 30328** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6200 S. Quebec St., Suite 210AS
Greenwood Village CO 80111-4729** ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/27/01 303-967-7147