

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M98000000907**

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

FILED

01 MAY -7 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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



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 Country  
**80111-4729**

Zip Country  
**80111-4729**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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**

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MYERS, ROBERT</b> <input checked="" type="checkbox"/> Delete <b>6200 SOUTH QUEBEC STREET, SUITE 350 ENGLEWOOD CO 80111</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LONDRE, KENT</b> <input type="checkbox"/> Delete <b>6200 SOUTH QUEBEC STREET, SUITE 350 ENGLEWOOD CO 80111</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MILICH, LEE</b> <input checked="" type="checkbox"/> Delete <b>119 BISCAYNE BLVD, SUITE 809 NORTH MIAMI FL 33181</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR POSTREL, RICHARD</b> <input checked="" type="checkbox"/> Delete <b>5244 NORTH BAY ROAD MIAMI FL 33140</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ROWLAND, JAMES A</b> <input checked="" type="checkbox"/> Delete <b>2180 THOMSON HIGHWAY LINCOLNTON GA 30817</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FIRST DATA CORP.</b> <input type="checkbox"/> Delete <b>5660 NEW NORTHSIDE DRIVE, SUITE 1400 ATLANTA GA 30328</b>

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MICHAEL J. RODEN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6200 S. Quebec St., Greenwood Village CO 80111-4729</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JERRY P. DEMBOWSKI</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6200 S. Quebec St., Suite 210AS Greenwood Village CO 80111-4729</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6200 S. Quebec St., Suite 210AS Greenwood Village CO 80111-4729</b>

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]* **REQUIRED MANAGER** 4/27/01 303-967-7147  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #