

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90407 005 ****55.00

DOCUMENT # M98000001228

1. Entity Name TRUEVANCE COMMUNICATIONS, LLC

DO NOT WRITE IN THIS SPACE

967996

2. Principal Place of Business
6255 Lake Gray Blvd.

3. Mailing Address
P.O. Box 440879

Suite, Apt. #, etc.
Suite # 4

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
58-2408930

Applied For
Not Applicable

Zip
32244

Country
USA

Zip
32222

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Co.

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays St.

City Tallahassee FL Zip Code 32301

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 registrant agent and title if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
James W. True
6255 Lake Gray Blvd #4
Jacksonville, FL 32244

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
William M. Lampke
6255 Lake Gray Blvd. #4
Jacksonville, FL 32244

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Edward J. Einhorn
6255 Lake Gray Blvd. #4
Jacksonville, FL 32244

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
Mark M. McMillin
2300 W. Park Place Blvd. #146
Stone Mountain, GA 30087

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.17(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 #

CR2E083B (12/01)