

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001319

1. Entity Name
SHC VENTURE LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 14 AM 10:02

Principal Place of Business Mailing Address
% NETCENTIVES. INC. % NETCENTIVES. INC.
800 W. CYPRESS CREEK RD., SUITE 110 800 W. CYPRESS CREEK RD., SUITE 110
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309

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 36-4251486 Applied For Not Applicable

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM SHC DIRECT, L.L.C. ☒ Delete
STREET ADDRESS 2801 FINLEY ROAD, SUITE 204
CITY-ST-ZIP DOWNERS GROVE IL 60515

TITLE NAME MANAGING MEMBER ☒ Change ☐ Addition
STREET ADDRESS UYN HOLDINGS, INC.
CITY-ST-ZIP 4820 SOUTH MILL AVE. #102
TEMPE, AZ 85282

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED **CONTROLLER FOR NETCENTIVES INC. 7/27/00 (415) 615-4575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)