SIGNATURE: SIGNATURE AND THE PERFORMENT NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTO

2001	ONIFORM BOS	SINESS REPU	KI (UBK)		
DOCUMENT # M9800001350				6 1 1 1 1	•
TECHNOSERVICES, L.L.C.				FILED	j
Principal Plac	e of Business	Mailing Address		2001 JUN - 7 PM	3: 20
•		4801 W. LOVERS LANE		•	
DALLAS TX 75209		DALLAS TX 75209		DIVISION OF CORPO TALLAHASSEE F	KATIONS LORIDA IIII ARIA IIIAA IIIII BIIII ARII 1441
2. Principal Place of Business		3. Mailing Address		<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 75-2734207	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Register	
			Name		
C T CORPORATION SYSTEM			Street Addres	s (P.O. Box Number is Not Acceptable)	
1200 SOUTH PINE ISLAND ROAD				1	
PLANIAII	ON FL 33324				
			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.					
i ,					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
		•	OW!!! FEE IS \$50.0 yable to Department		
9. MANAGING MEMBERS/MEMBERS			10.	ADDITIONS/CHANG	GES Addition
TITLE NAME			TITLE NAME		LI Change L., Addition
STREET ADDRESS	4801 W. LOVERS LANE	WWW.	STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 35209		CITY-ST-ZIP		
TITLE	* *	☐ Delete	TITLE	90000435 -06/06/01 ******50.0	Change Addition
name Street address			NAME STREET ADDRESS	-06/0 <u>6/</u> 01	01039001
CITY-ST-ZIP			CITY-ST-ZIP	*****50.L	JU *****5U.UU 「
TITLE .	· -	☐ Delete	TITLE		☐ Change ☐ Addition
name Street address			NAME STREET ADDRESS		
CiTY-ST-ZIP	•		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		!
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		1
TITLE		☐ Defete	TITLE		☐ Change ☐ Addition
NAME.		~~	NAME		<u> </u>
STREE! ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE TITLE	'		TITLE		☐ Change ☐ Addition
NAME		□ Delete	NAME		C change C Addition
STREET ADDRESS			STREET ADDRESS	لم	
CITY-ST-ZIP			CtTY-ST-ZIP		
11. I hereby of indicated limited lial	ertity that the information supplied won this report is true and accurate a bility company or the receiver of trus	rith this filing does not qualify for nd that my signature shali have i tee empowered to execute this i	r the exemption stated in the same legal effect as i report as required by Chi	Section 119.07(3)(i), Florida Statutes. I further if made under oath; that I am a managing me apter 608, Florida Statutes.	certify that the information mber or manager of the

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #