2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000527

1. Entity Name

GENESIS TECHNOLOGY PARTNERS, LLC

FILED

01 FEB 19 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10050 REGENCY CIRCLE. SUITE 200 OMAHA NE 68114	10050 REGENCY CIRCLE. SUITE 200 OMAHA NE 68114

2. Principal Place of Business		3. Mailing Address	
210 W. Arrow Hwy.		210 W. Arrow Hwy.	
Suite, Apt. #, etc.: Suite E		Suite, Apt. #, etc.: Suite E	
City & State: San Dimas, CA		City & State: San Dimas, CA	
Zip: 91773	Country: USA	Zip: 91773	Country: USA

4. FEI Number: 47-0814621 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 ______
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/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORFORD, SANDY D 7613 PONCE AVENUE WEST HILLS CA 91304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003745746--6 -02/21/01--01091--004 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SATIANI, HARESH S 155 BROOKSIDE LANE BREA CA 92821	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Sandy D. Morford SANDY D. MORFORD 1-19-01 818-340-0164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)

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