2001 UNIFORM BUSINESS REPORT (UBR) May 19, 2001 8:00 am Secretary of State **DOCUMENT#** First Data Resources Inc 05-19-2001 90285 018 \*\*\*150.00 Principal Place of Business Mailing Address 6200 SOUTH QUEBEC STREET. 5528832. Principal Place of Business 6200 S. Quebec St., 3. Mailing Address 6200 S. Quebec St. Suite, Apt. #, etc. Suite 210AS Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 210AS City & State City & State 4. FEI Number Applied For Greenwood Village · CO Greenwood Village CO <del>47-053547</del>2 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 80111-4729 80111-4729 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code FI 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) Charles and the control of the contr FILE NOW!!! FEE IS Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES D TITLE TITLE -- 1 Delete ☐ Change \_\_\_ Addition NAME Adams, Eula L. NAME STREET ADDRESS 6200 S. Quebec Str STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Englewood Co 80111 TITLE Delete TITLE ☐ Change Áddition NAME NAME Dembowski, Jerry P. STREET ADDRESS STREET ADDRESS 6200 S. Quebec Str CITY-ST-ZIP CITY-ST-71P Englewood Co 8011 TITLE C. Jelete TITLE ☐ Change ☐ Addition Massaway, Jim NAME NAME STREET ADDRESS 6200 S. Quebec Str STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Englewood Co 80111 TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME Branch, John E, STREET ADDRESS STREET ADDRESS 10825 Farnam Dr CITY-ST-ZIP CITY-ST-7IP Omaha NE 68154

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

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STREET ADDRESS

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Delete

☐ Delete

SIGNATURE:

VP

Fote, Charles T.

62000S. Quebec Str

Englewood CO 80111;

Whealy, Michael T.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

RE: AMANUM NAME OF BIGHING MANAGE

5660 New Northside Dr St 1400

IMMONSON A SST. TREASURER
TED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/01

303-967-7147

☐ Change

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☐ Addition

Addition

Daytime Phone #