

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 449022

FILED
Apr 27, 2006
Secretary of State

Entity Name: CERTEGY CARD SERVICES, INC.

Current Principal Place of Business:

11720 AMBER PARK DR
600
ALPHARETTA, GA 30004

New Principal Place of Business:

601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

Current Mailing Address:

11720 AMBER PARK DR
600
ALPHARETTA, GA 30004

New Mailing Address:

C/O LEGAL DEPT.
601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

FEI Number: 59-1521546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPSD () Delete
Name: KORCHUN, WALTER M
Address: 100 SECOND AVENUE SOUTH, SUITE 1100S
City-St-Zip: ST. PETERSBURG, FL 33701

Title: VPD () Delete
Name: VOLLKOMMER, MICHAEL T
Address: 11720 AMBER PARK DR STE 600
City-St-Zip: ALPHARETTA, GA 30004

Title: SVP () Delete
Name: PAVESE, VINCENT G
Address: 100 SECOND AVENUE SOUTH, SUITE 1100S
City-St-Zip: ST. PETERSBURG, FL 33701

Title: VPT () Delete
Name: SAX, MICHAEL E
Address: 100 SECOND AVENUE SOUTH, SUITE 1100S
City-St-Zip: ST. PETERSBURG, FL 33701

Title: PD () Delete
Name: TOWE, LARRY J
Address: 100 SECOND AVENUE SOUTH, SUITE 1100S
City-St-Zip: ST. PETERSBURG, FL 33701

Title: VP () Delete
Name: WILBANKS, GARY M
Address: 11720 AMBER PARK DR STE 600
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: FOLEY, WILLIAM P
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: CFO (X) Change () Addition
Name: CARBIENER, JEFFREY S
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPS (X) Change () Addition
Name: JOHNSON, TODD C
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change () Addition
Name: GRAVELLE, MICHAEL L
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPAS (X) Change () Addition
Name: GLICK, MARCIA R
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: VT (X) Change () Addition
Name: SAX, MICHAEL E
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD C. JOHNSON

VPS

04/27/2006

Electronic Signature of Signing Officer or Director

Date