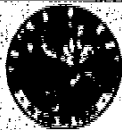


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:01

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 563284 (9)

1. Corporation Name

FISERV FINANCIAL SYSTEMS OF FLORIDA, INC.

Principal Place of Business

14150 S.W. 119 AVENUE
MIAMI FL 33186

Mailing Address

14150 S.W. 119 AVENUE
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/20/1978

3a. Date of Last Report

03/10/1994

4. FEI Number

59-1852321

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SWARTLEY, RICHARD
50 NORTH LAURA ST-BARNETT BANKS, INC.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COB
NAME	DALTON, GEORGE D
STREET ADDRESS	255 FISERV DR.
CITY - ST - ZIP	BROOKFIELD WI
TITLE	P
NAME	MUMA, LESLIE M
STREET ADDRESS	255 FISERV DR.
CITY - ST - ZIP	BROOKFIELD WI
TITLE	VPT
NAME	JENSEN, KENNETH R
STREET ADDRESS	255 FISERV DR.
CITY - ST - ZIP	BROOKFIELD WI
TITLE	P
NAME	GRANT, KAREN
STREET ADDRESS	300 PARK STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	P
NAME	CHURENKO, JOHNN M
STREET ADDRESS	14150 S.W. 119 AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	RAMON, MARIA B
STREET ADDRESS	14150 S.W. 119TH AVE.
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	President
5.3 STREET ADDRESS	Donald J. Phillips
5.4 CITY - ST - ZIP	2420 Airway Court
	Bowling Green, KY 42103
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	Vice President
6.3 STREET ADDRESS	Richard McDaniel
6.4 CITY - ST - ZIP	14150 S.W. 119 Avenue
	Miami, FL 33186

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if continuing, or in an attachment with an addition.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/95

305 3984100

Title

Optional Phone #