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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:01

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 563284 (9)

1. Corporation Name
FISERV FINANCIAL SYSTEMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
14150 S.W. 119 AVENUE MIAMI FL 33186	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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SWARTLEY, RICHARD 50 NORTH LAURA ST-BARNETT BANKS, INC. JACKSONVILLE FL 32202	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when manually signing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	1.1 TITLE	☐ Change ☐ Addition
NAME	DALTON, GEORGE D	1.2 NAME	
STREET ADDRESS	255 FISERV DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	MUMA, LESLIE M	2.2 NAME	
STREET ADDRESS	255 FISERV DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI	2.4 CITY-ST-ZIP	
TITLE	VPT	3.1 TITLE	☐ Change ☐ Addition
NAME	JENSEN, KENNETH R	3.2 NAME	
STREET ADDRESS	255 FISERV DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	GRANT, KAREN	4.2 NAME	
STREET ADDRESS	300 PARK STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☒ Change ☐ Addition
NAME	~~CHUPENKO, JOHN M~~	5.2 NAME	President Donald J. Phillips
STREET ADDRESS	14150 S.W. 119 AVE.	5.3 STREET ADDRESS	2420 Airway Court
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Bowling Green, KY 42103
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	~~RAMON, MARIA B~~	6.2 NAME	Vice President Richard McDaniel
STREET ADDRESS	14150 S.W. 119TH AVE.	6.3 STREET ADDRESS	14150 S.W. 119 Avenue
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	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)(i), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: _____ 2/17/95 305 884-2100
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0563284 6P