

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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AND
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50 MAY -1 AM 8:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Kathleen B. Harbauer
Secretary of State
1995-1996 (COMBINATION)**

DOCUMENT # 757378 (5)

PAYMENT SYSTEMS FOR CREDIT UNIONS, INC.

Principal Place of Business Mailing Address
100 CARILLON PARKWAY, SUITE 300 ST. PETERSBURG FL 33716
100 CARILLON PARKWAY, SUITE 300 ST. PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/02/1981 3a. Date of Last Report 03/16/1994
4. FEI Number 59-1743434

2. Principal Place of Business 2a. Mailing Address
21 560 Carillon Pkwy 26 PO Box 31216
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State City & State
23 St. Petersburg, FL 28 Tampa, FL
Zip Country Zip Country
24 33716 25 Pinellas 29 33631 30 Hillsborough

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
SERLO, DAVID J
100 CARILLON PARKWAY, SUITE 300
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
560 Carillon Pkwy
83
84 City St. Petersburg FL 85 Zip Code 33716

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 of Agent, Registered Agent, or Registered Office for the Corporation) (Signature of Registered Agent, Registered Office, or Representative) (Date)

12. OFFICERS AND DIRECTORS

| | |
|-----------------------|--------------------------------|
| TITLE | TD |
| NAME | OLSON, BEN |
| STREET ADDRESS | 2000 WESTWOOD DRIVE |
| CITY, ST, ZIP | WAUSAU WI |
| TITLE | CD |
| NAME | ELKINS, JOHN |
| STREET ADDRESS | 400 TOWN CENTER |
| CITY, ST, ZIP | DEARBORN MI |
| TITLE | D |
| NAME | SHARP, LARRY |
| STREET ADDRESS | 2121 N. D STREET |
| CITY, ST, ZIP | SAN BERNARDINO CA |
| TITLE | SD |
| NAME | YOKUM, JEAN |
| STREET ADDRESS | 1055 W MERCURY BLVD |
| CITY, ST, ZIP | HAMPTON VA |
| TITLE | D |
| NAME | WALLING, JOHN T. |
| STREET ADDRESS | 101 S. BARRANCA |
| CITY, ST, ZIP | COVINA CA |
| TITLE | D |
| NAME | HINES, NED L |
| STREET ADDRESS | 3710 NORTH 50TH. STREET |
| CITY, ST, ZIP | TAMPA FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY, ST, ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY, ST, ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY, ST, ZIP | |

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report or 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an amendment to my address.

SIGNATURE: *David J. Serlo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 **(813) 572-8822**
Date Signature