

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **757378** (5)
1. Corporation Name
PAYMENT SYSTEMS FOR CREDIT UNIONS, INC.



Principal Place of Business: **560 CARILLON PKWY ST. PETE FL 33716 US**
Mailing Address: **P.O. BOX31216 TAMPA FL 33631 US**

3. Date Incorporated or Qualified: **04/02/1981**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
				59-1743434	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
			30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SERLO, DAVID J 560 CARILLON PKWY ST. PETE FL 33176				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	OLSON, BEN		1.2 NAME	BARANOWSKI, ED			
STREET ADDRESS	2000 WESTWOOD DRIVE		1.3 STREET ADDRESS	3075 ALAFAYA TRAIL #300			
CITY-ST-ZIP	WAUSAU WI		1.4 CITY-ST-ZIP	ORLANDO, FL. 32826			
TITLE	CD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ELKINS, JOHN		2.2 NAME	SHARP, LARRY			
STREET ADDRESS	400 TOWN CENTER		2.3 STREET ADDRESS	2121 N.D. STREET			
CITY-ST-ZIP	DEARBORN MI		2.4 CITY-ST-ZIP	SAN BERNARDINO, CA. 92405			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SHARP, LARRY		3.2 NAME				
STREET ADDRESS	2121 N. D STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	SAN BERNARDINO CA		3.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	VC/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	YOKUM, JEAN		4.2 NAME				
STREET ADDRESS	1055 W MERCURY BLVD		4.3 STREET ADDRESS				
CITY-ST-ZIP	HAMPTON VA		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	C/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WALLING, JOHN T.		5.2 NAME				
STREET ADDRESS	101 S. BARRANCA		5.3 STREET ADDRESS				
CITY-ST-ZIP	COVINA CA		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HINES, NED L		6.2 NAME	SERLO, DAVID			
STREET ADDRESS	3710 NORTH 50TH. STREET		6.3 STREET ADDRESS	560 CARILLON PARKWAY			
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33716			

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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Serlo* 4/12/96 (813) 571-4612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)