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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 757378

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



2. Principal Place of Business (21-24), 2a. Mailing Address (25-29), 3. Date Incorporated or Qualified (04/02/1981), 4. FEI Number (59-1743434), 5. Certificate of Status Desired, 6. Election Campaign Financing

9. Name and Address of Current Registered Agent (SERLO, DAVID J), 10. Name and Address of New Registered Agent (81-85)

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.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS (SD BARANOWSKI, ED; TD SHARP, LARRY; VCD YOKUM, JEAN; CD WALLING, JOHN T.; PD SERLO, DAVID); 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP; 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP; 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP; 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP; 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP; 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP)

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David J. Serlo, President 1-6-99

CR2E037 (1/198)