

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840273

FILED
Mar 19, 2011
Secretary of State

Entity Name: FIDELITY NATIONAL PAYMENT SERVICES, INC.

Current Principal Place of Business:

11601 ROOSEVELT BOULEVARD NORTH
ST. PETERSBURG, FL 33716 US

New Principal Place of Business:

601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204 US

Current Mailing Address:

11601 ROOSEVELT BOULEVARD NORTH
ST. PETERSBURG, FL 33716 US

New Mailing Address:

601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204 US

FEI Number: 95-2135728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: ROESE, WILLIAM C
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: VP
Name: CRAVEY, LYNN
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: SEC
Name: CRAVEY, LYNN
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DIR
Name: GRAVELLE, MICHAEL L
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: TRES
Name: CRAVEY, LYNN
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: DIR
Name: NORCROSS, GARY A
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KELLY LETTMANN

POA

03/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date