## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 848616**

Entity Name: CERTEGY CHECK SERVICES, INC.

FILED Mar 21, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
SUITE 600	ER PARK DRI\ TA, GA 30004					
Current Mailing Address:			New Mailing Address:			
11720 AMBER PARK DRIVE SUITE 600 ALPHARETTA, GA 30004						
FEI Number:	FEI Number: 95-3582355 FEI Number Applied For() FE		FEI Number Not App	Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name				d Address of New	Registered Agent:	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US						
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	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CARBIENER, JEI 11601 N. ROOSE ST. PETERSBUR	EVELT BLVD. G, FL 33716 Delete TER M EVELT BLVD	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CARBIENER, JEFFF 11601 N. ROOSEVE ST. PETERSBURG, VSD (X) Cha KORCHUN, WALTE	ELT BLVD. FL 33716 ange ( ) Addition R M SOUTH, SUITE 1100S	
Title: Name: Address: City-St-Zip: Title:	PD () E TOWE, LARRY J 11601 N ROOSE SAINT PETERSB	VELT BLVD URG, FL 33711	Title: Name: Address: City-St-Zip: Title:	TOWE, LARRY J 100 SECOND AVEN		
Name: Address: City-St-Zip:	VOLKOMMER, M 11720 AMBER PA ALPHARETTA, GA	ICHAEL T ARK DRIVE	Name: Address: City-St-Zip:	VOLKOMMER, MICH 11720 AMBER PAR ALPHARETTA, GA	HAEL T K DRIVE	
Title: Name: Address: City-St-Zip:	VPT () E SAX, MICHAEL 1160 N. ROOSEN SAINT PETERSB		Title: Name: Address: City-St-Zip:	SAX, MICHAEL E	unge ( ) Addition UE SOUTH, SUITE 1100S FL 33701	
Title: Name: Address: City-St-Zip:	VP () E WILBANKS, GAR 11720 AMBER PA ALPHARETTA, G	ARK DR STE 600	Title: Name: Address: City-St-Zip:	( ) Cha	inge()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GARY M. WILBANKS VP 03/21/2005