

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90066 050 ***150.00

Doc. 328 AT

DOCUMENT # F0000006163

1. Entity Name
METAVANTE CORPORATION

Principal Place of Business Mailing Address
4900 WEST BROWN DEER ROAD, BD2E **4900 WEST BROWN DEER ROAD, BD2E**
BROWN DEER WI 53223 **BROWN DEER WI 53223**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Milwaukee WI **Milwaukee WI** **39-1165550** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
53223 **53223** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGDALE, JAMES 4900 WEST BROWN DEER ROAD, BROWN DEER WI 53223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Milwaukee WI 53223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KUESTER, DENNIS J 4900 WEST BROWN DEER ROAD BROWN DEER WI 53223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Milwaukee WI 53223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADILLO, JOSEPH L 4900 WEST BROWN DEER ROAD BROWN DEER WI 53223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Milwaukee WI 53223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAYFORD, MICHAEL D 4900 WEST BROWN DEER ROAD BROWN DEER WI 53223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Executive Vice President 90FO Milwaukee WI 53223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NURRE, GREGORY T 4900 WEST BROWN DEER ROAD BROWN DEER WI 53223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary N. "Norrie" J. Daroga 4900 West Brown Deer Road Milwaukee WI 53223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STENHOLT, COLLEEN J 4900 WEST BROWN DEER ROAD, BD2E BROWN DEER WI 53223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Milwaukee WI 53223

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph T. Nurre 01/09/02 414-357-2329
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

ATTACHMENT

F00000006163

302151



Metavante™

Metavante Corporation
4900 West Brown Deer Road
Milwaukee, WI 53223-2459
Tel 800 236 3282
metavante.com

January 11, 2002

State of Florida
Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee FL 32302

Re: Metavante Corporation
F00000006163

Dear Sir or Madam:

Enclosed for filing is the referenced corporation's 2002 Uniform Business Report (UBR) and related filing fee of \$150.00. Please file stamp the extra copy of the report and return to me in the envelope provided to serve as receipt of filing.

If there any questions with this filing, please contact me at 414-357-9061. Thank you for your prompt attention to this filing.

Sincerely

Laura Graves

:lg
Enclosure

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ATTACHMENT
F000 00006163
302151

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Zip Country Zip Country
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Executive Vice President & CFO Milwaukee WI 53223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary W. "Norrie" J. Daroga 4900 West Brown Deer Road Milwaukee WI 53223
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SIGNATURE: Joseph L Delgadillo 01/09/02 414-357-2329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #