

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006163

FILED
Apr 13, 2010
Secretary of State

Entity Name: METAVANTE CORPORATION

Current Principal Place of Business:

4900 WEST BROWN DEER ROAD, BD2111
MILWAUKEE, WI 53223

New Principal Place of Business:

4900 WEST BROWN DEER ROAD
BROWN DEER, WI 53223

Current Mailing Address:

4900 WEST BROWN DEER ROAD, BD2111
MILWAUKEE, WI 53223

New Mailing Address:

4900 WEST BROWN DEER ROAD
BROWN DEER, WI 53223

FEI Number: 39-1165550

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO
Name: D'ANGELO, FRANK PCEO
Address: 4900 WEST BROWN DEER ROAD
City-St-Zip: BROWN DEER, WI 53223

Title: DSEC
Name: GRAVELLE, MICHAEL L DSEC
Address: 4900 WEST BROWN DEER ROAD
City-St-Zip: BROWN DEER, WI 53223

Title: VP
Name: HUGGINS, HOLLY S VP
Address: 4900 WEST BROWN DEER ROAD
City-St-Zip: BROWN DEER, WI 53223

Title: CFO
Name: HAYFORD, MICHAEL D CFO
Address: 4900 WEST BROWN DEER ROAD
City-St-Zip: BROWN DEER, WI 53223

Title: DIR
Name: NORCROSS, GARY A DIR
Address: 4900 WEST BROWN DEER ROAD
City-St-Zip: BROWN DEER, WI 53223

Title: DIR
Name: SCANLON, GEORGE P DIR
Address: 4900 WEST BROWN DEER ROAD
City-St-Zip: BROWN DEER, WI 53223

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

04/13/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date