

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001469

FILED
Apr 01, 2004
Secretary of State

Entity Name: CERTEGY PAYMENT RECOVERY SERVICES, INC.

Current Principal Place of Business:

11720 AMBER PARK DR
600
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

11720 AMBER PARK DR
600
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: 58-2595258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: CARBIENER, JEFFREY E
Address: 11601 ROOSEVELT BLVD.
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VD () Delete
Name: KORCHUN, WALTER M
Address: 11601 ROOSEVELT BLVD.
City-St-Zip: ST. PETERSBURG, FL 33716

Title: V () Delete
Name: REED, CATHY L
Address: 11601 ROOSEVELT BLVD.
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VDT () Delete
Name: SAX, MICHAEL E
Address: 11601 ROOSEVELT BLVD.
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VPS () Delete
Name: COOK, RONALD D
Address: 11601 ROOSEVELT BLVD
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: WILBANKS, GARY M
Address: 11720 AMBER PARK DR STE 600
City-St-Zip: ALPHARETTA, GA 30004

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-T

04/01/2004

Electronic Signature of Signing Officer or Director

_____ Date