

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001469

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: CERTEGY PAYMENT RECOVERY SERVICES, INC.

**Current Principal Place of Business:**

601 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LEGAL DEPT.  
601 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204

**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:**

CT 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: PD ( ) Delete  
Name: NICHOLS, R. RENZ  
Address: 100 SECOND AVENUE SOUTH, STE 1100S  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: DS ( ) Delete  
Name: CRAVEY, LYNN  
Address: 100 SECOND AVENUE SOUTH, STE 1100S  
City-St-Zip: ST. PETERSBURG, FL 33701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DST (X) Change ( ) Addition  
Name: CRAVEY, LYNN  
Address: 100 SECOND AVENUE SOUTH, STE 1100S  
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MADELINE BAREWALD

AVP

04/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date