

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001469

FILED
Mar 27, 2009
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:

11601 ROOSEVELT BOULEVARD NORTH
ST. PETERSBURG, FL 33716 US

Current Mailing Address:

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

New Mailing Address:

11601 ROOSEVELT BOULEVARD NORTH
ST. PETERSBURG, FL 33716 US

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: DST () 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: PRES (X) Change () Addition
Name: NICHOLS, R. RENZ
Address: 11601 ROOSEVELT BOULEVARD NORTH
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: STVP (X) Change () Addition
Name: CRAVEY, LYNN
Address: 11601 ROOSEVELT BOULEVARD NORTH
City-St-Zip: ST. PETERSBURG, FL 33716 US

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: JANE LOUIS

POA

03/27/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date