

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90073 040 ***150.00

05/09/02 AT

DOCUMENT # F99000000363

1. Entity Name
BA MERCHANT SERVICES, INC.

Principal Place of Business Mailing Address

NCI-021-02-20 **NCI-021-02-20**
401 N TRYON ST **401 N TRYON ST**
CHARLOTTE NC 28255 **CHARLOTTE NC 28255**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

One S. Van Ness Ave Suite, Apt. #, etc.

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

5th Floor City & State

City & State City & State

San Francisco Zip Country

Zip Country

Ca **mecklenburg**

4. FEI Number Applied For

94-3252840 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STIMMEL, LORRAINE S	
STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MROZ, GREG S	
STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	S	<input type="checkbox"/> Delete
NAME	STARK, EDWARD J	
STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCALES, TAD L	
STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, G. PATRICK	
STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Greg S. Mroz* **Greg S. Mroz, SVP** Date **4-30-02** Daytime Phone # **704-386-5591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)