


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M04000000574 1. Entity Name ACI WORLDWIDE (TEXAS) LLC |  |
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|--|--|
| Principal Place of Business 15500 ROOSEVELT BOULEVARD SUITE 201 CLEARWATER, FL 33760 US | Mailing Address 15500 ROOSEVELT BOULEVARD SUITE 201 CLEARWATER, FL 33760 US |
|--|--|



01172006No Chg-LLC CR2E083 (11/05)

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|---|--|
| 4. FEI Number 43-2032786 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00
Due by May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------|--------------------------------|
| TITLE | MGR |
| NAME | MESSAGING DRIECT COMPANY |
| STREET ADDRESS | 10088 102 AVENUE #1807 |
| CITY-ST-ZIP | EDMONTON, ALB, CANADA, t5j 2z1 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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100000453337
03/14/06-80015-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Dennis P. Byrnes 2-18-06 402-390-8913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #